

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16337**

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 243			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania b. COUNTY Butler					
b. CITY OR TOWN Joplin		c. LENGTH OF STAY (in this place) 3 Days		c. CITY OR TOWN Prospect		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				e. STREET ADDRESS (If rural, give location) 8270					
3. NAME OF DECEASED (Type or Print) a. (First) Comrad		b. (Middle)		c. (Last) BEIGHLEY		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 5, 1890			
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Sarcoxi, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME George B. Beighley		13b. MOTHER'S MAIDEN NAME Mary Virginia Mahan		14. NAME OF HUSBAND OR WIFE Helen Beighley					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. # 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mary Beighley Prospect, Penn.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema & pulmonary fibrosis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490 X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 21, 1954 , to May 24, 1954 , that I last saw the deceased alive on May 23, 1954 , and that death occurred at 7:10 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John W. Douglas M.D.				23b. ADDRESS 810 West 32nd Joplin Mo		23c. DATE SIGNED 5/25/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 25, 1954		24c. NAME OF CEMETERY OR CREMATORY Pyle Funeral Home		24d. LOCATION (City, town, or county) (State) Prospect, Penn.			
DATE REC'D BY LOCAL REG. 5-28-54		REGISTRAR'S SIGNATURE Ed W. James		25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon Mort.		ADDRESS Joplin, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 10

RECEIVED JUN 1 1954
Jasper County Health Office
County File Number 54-6-42
Date Filed JUN 1 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *David Dillow*.....

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.