

STANDARD CERTIFICATE OF DEATH

State File No. 16671

No. 300
10-48

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write P.O. R.A. and give township) <u>East Prairie</u>		c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>80 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>East Prairie, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Prairie, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN FINES BEARD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>3-24-1869</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall Co., Ky.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Beard</u>		13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Looney</u> ADDRESS <u>East Prairie, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 15, 1954, to May 8, 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Looney</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>East Prairie Mo. 5-26-54</u>		23c. DATE SIGNED	
---	--	--	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dagwood Cemetery, Mississippi, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
---	--	--------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>6-1-54</u>		REGISTRAR'S SIGNATURE <u>Gertrude S. Harper</u> 197-0		FUNERAL DIRECTOR'S SIGNATURE <u>Clara Shelby</u>		ADDRESS <u>East Prairie, Mo.</u>	
--	--	---	--	--	--	----------------------------------	--

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

JUN 3 RE

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed JUN 5 1954

JUN 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Travis Shelby

Licensed Embalmer No. 275

P. O. Address *East Pr...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F...
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.