

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>21</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Morgan</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage Township</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Morgan</u>			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage Township</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage Township</u>		OR TOWN: <u>0710</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16 N. S. Versailles</u>				d. STREET ADDRESS (If rural, give location) <u>16 N. S. Versailles, Mo.</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Arnold</u>		b. (Middle)		c. (Last) <u>Beresford</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1907</u>			
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resort</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Resort</u>			11. BIRTHPLACE (State or foreign country) <u>Rochedale, England</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.U.</u>			13a. FATHER'S NAME <u>Thomas Beresford</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Westhead</u>		14. NAME OF HUSBAND OR WIFE <u>Florance Beresford</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes-no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florance Beresford</u>				ADDRESS <u>Versailles, Mo.</u>	
18. CAUSE OF DEATH									
Enter only one cause per line for (a), (b), and (c)									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Complete fracture of skull</u>									
INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>									
*This does not mean the mode of dying; such as heart failure, ashenia, 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>Gun shot wound</u>									
DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS									
Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Morgan (OSAGE TWP) MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 22, '54 6 A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self-inflicted</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:45 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Eric J. Nathan</u>				23b. ADDRESS <u>Versailles, Mo.</u>				23c. DATE SIGNED <u>May 24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>25 May 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-24-54</u>		REGISTRAR'S SIGNATURE <u>J. J. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Redmill</u>		ADDRESS <u>Versailles, Mo.</u>			

JUN 14 1954

JUL 26 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
Student Embalmer

Signed

Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.