

FILED JUN 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20031

State File No.

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 6028 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Reynolds			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds		
b. CITY (If outside corporate limits, write RURAL and give township) Lesterville		c. LENGTH OF STAY (in this place) 16 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Lesterville		d. STREET ADDRESS (If rural, give location) 0902
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) LEWIS c. (Last) BEARD			4. DATE OF DEATH (Month) (Day) (Year) June 8 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 26 1876	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR: Months 1 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ellington, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Monroe Beard		13b. MOTHER'S MAIDEN NAME Mahala Jane Sherrill		14. NAME OF HUSBAND OR WIFE Iva Beard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Iva Beard, Lesterville Mo		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201			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) 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 <u>10</u> to <u>10</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>11:15</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. M. Zilpatrak MD			23b. ADDRESS Lesterville Mo		23c. DATE SIGNED 7/14/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-12-54	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Bismarck, Missouri.		
DATE REC'D BY LOCAL REG. 7/14/54	REGISTRAR'S SIGNATURE C. M. Zilpatrak		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

0902

Received 6-17-54

Reynolds County Health Center

File No. 654 - 35

SEP 11 1956

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 Amos W. White

Licensed Embalmer No. 2912

P. O. Address Sumner, 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.