

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22000
Registrar's No. 111

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 5036		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI I b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WILSON		c. LENGTH OF STAY (in this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WILSON		6040	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #1 CENTRALIA				d. STREET ADDRESS (If rural, give location) R.F.D. #1 CENTRALIA 0			
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES		b. (Middle) ALLEN		c. (Last) BEASLEY	
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 27, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINE FIREMAN		11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN A. BEASLEY		13b. MOTHER'S MAIDEN NAME NANCY BYBEE		14. NAME OF HUSBAND OR WIFE IDA F. BEASLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-05-6013		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. IDA BEASLEY CENTRALIA			
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) acute coronary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity				INTERVAL BETWEEN ONSET AND DEATH 30 minutes 2 years 6 years 10 years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/16, 1948, to 5/15, 1954, that I last saw the deceased alive on 5/15, 1954, and that death occurred at 1:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas F. Jager, M.D.				23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED July 6, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-8-54		24c. NAME OF CEMETERY OR CREMATORY ELINWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) MEXICO, MO.	
DATE REC'D BY LOCAL REG. July 8-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Earl F. Reed, S. Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1934

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.....

Billy Jack Skinner

Licensed Embalmer No. *4784*

P. O. Address

Mexico, 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.