

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

237771

State File No. ....

710

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BARNETT</u>		c. CITY OR TOWN <u>BARNETT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNETT</u>		e. STREET ADDRESS (If rural, give location) <u>BARNETT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard-</u> b. (Middle) <u>ALEXANDER-</u> c. (Last) <u>BEARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>22 JAN 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>	9. AGE (In years, last birthday) <u>88</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John-W-Beard</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Compton Henrietti-Beard-</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas-Uptergrove-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas-Uptergrove-</u> ADDRESS <u>BARNETT</u>	
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) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nodular hypertrophy of prostate</u> DUE TO (c) <u>Advanced arteriosclerosis</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>10 years</u> <u>Don't know</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Nov 15 1953</u> to <u>July 5 1954</u> that I last saw the deceased alive on <u>July 15 1954</u> and that death occurred at <u>1:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jack Gunn M.D.</u>		23b. ADDRESS <u>Versailles-Mo</u>	
23c. DATE SIGNED <u>19 July 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>19 July 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	
24d. LOCATION (City, town, or county) (State) <u>MORGAN-Co-Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edson Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-54</u>		REGISTRAR'S SIGNATURE <u>J. S. Washburn</u>	

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

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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.....  
Licensed Embalmer No. 399  
P. O. Address Eldon 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.