

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1569

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lebanon</u>	c. LENGTH OF STAY (In this place) <u>2 wks.</u>	c. CITY OR TOWN <u>Lebanon Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		STREET ADDRESS (If rural, give location) <u>Plato Star Route</u> <u>0530</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>Porter</u> c. (Last) <u>Beard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1955</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 6, 1866</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Alvin Beard</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Larimore</u>		NAME OF HUSBAND OR WIFE <u>Eggy Beard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Virgil Beard</u>		ADDRESS <u>Oakland, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>heart block</u> DUE TO (c) <u>Coronary thrombosis?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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? <u>49</u>	
22. I hereby certify that I attended the deceased from <u>2/17</u> , 19 <u>55</u> , to <u>1/8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/8</u> , 19 <u>55</u> , and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James L. Hope M.D.</u>		23b. ADDRESS <u>Lebanon Mo</u>	
23c. DATE SIGNED <u>1/10/55</u>		24a. FUNERAL, CREMATORY REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. Brice Cemetery near Competition Mo.</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	
DATE REC'D BY LOCAL REG. <u>1-11-1955</u>		REGISTRAR'S SIGNATURE <u>Hella L. Wray</u> ADDRESS <u>Lebanon, Mo.</u>	

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

Received 1-15-55
Laclede County Health Unit
File No. 5
Date Filed 1-17-55

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 Dorsey M. How
Licensed Embalmer No. 42

P. O. Address Lebanon

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.