

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7555

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CEDAR</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPRING MO</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPRING</u>		0201 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>CHAMBERS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>EAST 54 HWY.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCRETIA</u> b. (Middle) <u>MCBEATH</u> c. (Last) <u>MCBEATH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 20 1955</u>						
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 18 1873</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours	IF UNDER 1 Wks. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>JAMESTOWN KY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>SQUIRRE POPPLEWELL</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ANN IRVIN</u>		14. NAME OF HUSBAND OR WIFE <u>BANI MERETH</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NELLIE McCRAY ELDORADO SPRING 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral encephalopathy</u>						INTERVAL BETWEEN ONSET AND DEATH <u>indefinite</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>								
	DUE TO (c)								
	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: <u>332X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>June 15</u> , 19 <u>55</u> , to <u>Mar. 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar. 20</u> , 19 <u>55</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert L. Snager M.D.</u>				23b. ADDRESS <u>Eldorado Springs, Mo.</u>			23c. DATE SIGNED <u>3-21-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>ELDORADO SPRING MO</u>				
DATE REC'D BY LOCAL REG. <u>3-21-55</u>		REGISTRAR'S SIGNATURE <u>George W. Mafus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mafus Funeral Home Eldorado Springs Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Hugh S. Allen

Licensed Embalmer No. *2844*

P. O. Address *Edwards Spr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.