

FILED MAY 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10918

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 3003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Monett, Mo.		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 55 Yrs		e. STREET ADDRESS (If rural, give location) 309 Euclid	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 Euclid			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Alexander c. (Last) Beatty			4. DATE OF DEATH (Month) (Day) (Year) 4-17-1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-5-1880		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. R. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railway	11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME E. T. Beatty	13b. MOTHER'S MAIDEN NAME Carrie Pinkston	14. NAME OF HUSBAND OR WIFE Ida Beatty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-07-2451	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Beatty, Monett, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diphtheria Mellitus		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	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. Severe Arteriosclerosis general		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-10**, 19**55**, to **4-17-55**, 19**55**, that I last saw the deceased alive on **4-16-55**, 19**55**, and that death occurred at **3:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mauph Ken M.D.	23b. ADDRESS Monett Mo	23c. DATE SIGNED 5-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-19-55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Monett, Mo.
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DATE REC'D BY LOCAL REG. 4-17-55	REGISTRAR'S SIGNATURE Mr. P. D. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Mercer Funeral Home	ADDRESS Monett, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0051

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 455-234

DATE REC. 4-25-55

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 Roy H. Menard

Licensed Embalmer No. 4432

P. O. Address Monett, 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.