

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12801**

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **5906** Registrar's No. **72**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Wardell) c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Wardell | 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 Rural Route 1 | | e. STREET ADDRESS (If rural, give location) Rural Route 1 0780 | |

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|---|-------------------------------|---|--|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Orvil c. (Last) Beatty | | | 4. DATE OF DEATH (Month) (Day) (Year) April 14, 1955 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-28-1905 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days | IF UNDER 1 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Cedar Town, Georgia | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Oliver Beatty | | 13b. MOTHER'S MAIDEN NAME Fannie Barnett | | 14. NAME OF HUSBAND OR WIFE Pauline Beatty | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellis Beatty, Hayti, Mo. | |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | 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. | | | |

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|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (Min.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3P.M.** m., from the causes and on the date stated above.

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|--|--|---|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) John H. German Coroner | | 23b. ADDRESS Hayti, Mo. | | 23c. DATE SIGNED 4-14-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-14-55 | 24c. NAME OF CEMETERY OR CREMATORY Red Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Birmingham, Alabama | | |
| DATE REC'D BY LOCAL REG. 4-15-55 | REGISTRAR'S SIGNATURE John H. German 40670 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo. | | | |

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

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4-132-55

APR 22 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *James A. Robison*

Licensed Embalmer No... 4185

P. O. Address... Wardell, ...

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.