

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15972

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Elkhorn		c. LENGTH OF STAY (in this place) 5 1/2		c. CITY OR TOWN		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 At Home				e. STREET ADDRESS (If rural, give location) Stella, Mo. R#1			
3. NAME OF DECEASED (Type or Print) a. (First) Feight		b. (Middle) Merrit		c. (Last) Beaver		4. DATE OF DEATH (Month) (Day) (Year) May 28 1955	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28 1893		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 4	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) McDonald Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William G. Beaver		13b. MOTHER'S MAIDEN NAME Lillie Clapper		14. NAME OF HUSBAND OR WIFE Florence Beaver			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-24-0126		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Beaver Stella, Mo. R#1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident				Minutes	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis				Years	
		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				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)		331 X	
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 May 28, 1955, to May 28, 1955, that I last saw the deceased alive on Dead on, and that death occurred at 7:00P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas L. Holmes, D.O.				23b. ADDRESS Wheaton, MO		23c. DATE SIGNED 5/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-30-55		24c. NAME OF CEMETERY OR CREMATORY Union Cemetary		24d. LOCATION (City, town, or county) (State) Stella, Mo. R#1	
DATE REC'D BY LOCAL REG. June 2, 1955		REGISTRAR'S SIGNATURE O. E. Plumlee 1780		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. M. Moresque, Wheaton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Wm Morris Payne*.....

Licensed Embalmer No. *342*

P. O. Address *Wheat*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.