

FILED 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32589

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>			
e. STREET ADDRESS (If rural, give location) <u>403 W 4th St</u>			

3. NAME OF DECEASED a. (First) <u>Guy</u> b. (Middle) <u>H</u> c. (Last) <u>Beatty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-21-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>DEC-31-1898</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pattersonburg MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle raiser</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George E Beatty</u>	13b. MOTHER'S MAIDEN NAME <u>Addie May Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Maudie Beatty</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World war #1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Beatty</u> ADDRESS <u>Cameron</u>

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) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		<u>8 1/2 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Chronic myocarditis</u>		<u>2</u>	
		DUE TO (c) <u>Hypertension</u>		<u>10 yrs.</u>	
		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>10 yrs.</u>	
		<u>Obesity</u>		<u>20 yrs.</u>	
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) 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 12-23, 1948, to 10-21, 1955, that I last saw the deceased alive on 10-20, 1955, and that death occurred at 5:30pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>St Wetherston MD</u>	23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>10-22-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>10-23-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grace Lanel Mausoleum</u>
24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wimifred W. Mosler</u> ADDRESS <u>Poland Funeral Home Cameron</u>	
DATE REC'D BY LOCAL REG <u>10-25-55</u>	REGISTRAR'S SIGNATURE <u>Wimifred W. Mosler</u>	390-1

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

NOV 1 1955

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 *Robert F. Poland*.....

Licensed Embalmer No. *477*.....

P. O. Address *Cameron N*.....

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.