

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32722

State File No.

 BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Union Twp	
c. LENGTH OF STAY (on this place) 15 yrs		d. STREET ADDRESS (If rural, give location) Campbell, Mo. Rt. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-Campbell Rte. 3		4. DATE OF DEATH (Month) (Day) (Year) Oct. 5 1955	
3. NAME OF DECEASED (Type or Print) a. (First) Pinkney b. (Middle) Arthur c. (Last) Beaty		5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 13, 1892		9. AGE (In years) (Month) (Day) 63 3 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Lownds, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Randolph Beaty	13b. MOTHER'S MAIDEN NAME Nancy Cozort	14. NAME OF HUSBAND OR WIFE Minnie Beaty
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY # 488-42-0392	17. INFORMANT'S SIGNATURE OR NAME Minnie Beaty, Campbell, Mo. R. 3	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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) 4201		
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 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)
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 10¹⁹, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10^A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Benjamin Franklin Campbell	23b. ADDRESS Campbell, Mo.	23c. DATE SIGNED 10-5-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
		24d. LOCATION (City, town, or county) (State) Campbell, Missouri

DATE REC'D BY LOCAL REG. 10-10-1955	REGISTRAR'S SIGNATURE Mrs. Beulah Campbell	25 FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home	ADDRESS Campbell, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-21-

COUNTY FILE NUMBER 10.0

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 Christina M. Landrum

Licensed Embalmer No. 4227

P. O. Address Campbell, W.

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

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