

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4105

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural</u>		c. CITY OR TOWN <u>Kahoka</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>0230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Diana Nursing Home</u>			

3. NAME OF DECEASED a. (First) <u>Curtis</u> b. (Middle) <u>William</u> c. (Last) <u>Beard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 13-1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kahoka, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chas. C. Beard</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte McCay</u>	14. NAME OF HUSBAND OR WIFE <u>Ara Alice Beard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-28-5210</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbude Duncan</u> ADDRESS <u>Kahoka</u>
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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) <u>Myocarditis</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following Flu</u> DUE TO (c)		<u>15 days</u>
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 <u>481x</u>	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 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 Jan 30, 1956 to Feb 11, 1956, that I last saw the deceased alive on Feb 10, 1956, and that death occurred at 4a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Perry S. Barton, D.O.</u>	23b. ADDRESS <u>Kahoka, Mo.</u>	23c. DATE SIGNED <u>Feb 12, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deeper Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clark Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/15-56</u>	REGISTRAR'S SIGNATURE <u>J. D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Olin R. Sutterly</u> ADDRESS <u>Kahoka</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Oliver L. Puttney*

Licensed Embalmer No. *296*

P. O. Address *Leesville, La.*

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.