

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

40418

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 4649		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <u>North</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>North</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Altondale Mo</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Altondale Mo</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>118<sup>90</sup></u>			
3. NAME OF DECEASED (Type or Print) <u>EARL</u>		a. (First) <u>Henry</u>		c. (Last) <u>Beavers</u>		4. DATE OF DEATH (Month) <u>Nov</u> (Day) <u>12</u> (Year) <u>1956</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>Sept 27-1885</u>	
9. AGE (In years last birthday) <u>71</u>		10. 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>Altondale Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Beavers</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Auda Beavers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Auda Beavers</u>		ADDRESS <u>Altondale Mo</u>	
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 <u>6 hours</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				DUE TO (b) <u>Arteriosclerosis, generalized</u> <u>3 years</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Bronchial Asthma</u> <u>20 yrs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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)		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 <u>19<sup>53</sup></u> , to <u>Nov 12</u> , 19 <sup>56</sup> , that I last saw the deceased alive on <u>Nov 11</u> , 19 <sup>56</sup> , and that death occurred at <u>3a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Harrison M.D.</u>				23b. ADDRESS <u>Grant City, Missouri</u>		23c. DATE SIGNED <u>11-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 17, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Altondale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Altondale Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 24-1956</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>K. A. Brann</u>		ADDRESS <u>Denver, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....John Andrews

Licensed Embalmer No. 421

P. O. Address Grant City

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.