

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Bethany		c. CITY OR TOWN Bethany	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 60 yrs.		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JAMES	b. (Middle) LEANDER	c. (Last) BEAVER	(Month) March	(Day) 2	(Year) 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1885	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Bldg. Const.	11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Beaver	13b. MOTHER'S MAIDEN NAME Mahala R. Allen	14. NAME OF HUSBAND OR WIFE Ollie Mae Beaver
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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) Yes WW I	16. SOCIAL SECURITY NO. 495-07-0660	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ollie Beaver, Bethany, Mo.	ADDRESS
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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) Apoplexy	DUE TO (b) Senility - chronic diarrhea		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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"/>
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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)	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 _____, 19____, to 3-2, 1957, that I last saw the deceased alive on 3-2-, 1957, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE Ernest L. Wood, D.O.	23b. ADDRESS Bethany, Missouri	23c. DATE SIGNED 3-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 4, 1957	24c. NAME OF CEMETERY OR CREMATORY Monson Cemetery	24d. LOCATION (City, town, or county) (State) Bethany, Missouri
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DATE REC'D BY LOCAL REG. 3-5-1957	REGISTRAR'S SIGNATURE John Burris	25. FUNERAL DIRECTOR'S SIGNATURE Clark L. Foutch	ADDRESS Bethany, Mo.
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MAR 15 1957

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 *Clark L. Foutch*.....

Licensed Embalmer No. 4831..

P. O. Address..Bethany,..Mo

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.