

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20207

STATE FILE NUMBER

REG.# 14297 ⁰⁹¹⁴ JUN 20 1957

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 396

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY BAXTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN MIDWAY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL Length of stay in lb 19 days		d. STREET ADDRESS ROUTE ONE (If outside, give location)	
3. NAME OF DECEASED (Type or print) First ROYAL Middle PETER Last BEASLEY			4. DATE OF DEATH Month JUNE Day 2 Year 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-17-84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANDY MAKER		10b. KIND OF BUSINESS OR INDUSTRY CANDY	11. BIRTHPLACE (City and state or country) HAMILTON CO., KANSAS
13. FATHER'S NAME TAYLOR BEASLEY		14. MOTHER'S MAIDEN NAME JOSEPHINE McMILLAN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO. Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MASSIVE RETROPERITONEAL HEMORRHAGE OF UNDETERMINED ORIGIN.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (n) 1. INGUINAL HERNIA, BILATERAL.			19. WAS AUTOPSY PERFORMED? YES
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 467.2		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from May 14, 1957 to June 2, 1957 Death occurred at 6:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. W. GASKINS, M.D. (Degree or title)	22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.	22c. DATE SIGNED 6/3/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-4-57	23c. NAME OF CEMETERY OR CREMATORY Pennington Cem.	23d. LOCATION (City, town, or county) Ottumwa, Iowa (State)
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 6/14/57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 -56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

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JUN 17 1957 JUN 17 1957
BUTLER CO. HEALTH CENTER

YAKIN

X

THURSDAY

FILE No. _____

NO. 1000

STATE OF MISSOURI

JUN 17 1957

DEPARTMENT

STATE

OF MISSOURI

ST

DEPT. OF HEALTH

STATE

OF MISSOURI

AGU

WILLIAM H. HARRIS

YAKIN

STATE OF MISSOURI

WILLIAM H. HARRIS

STATE OF MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

STATE OF MISSOURI

Student _____
Signature of Student Embalmer

Signed *Charles E. Mungle*

Licensed Embalmer No. 481

P. O. Address *Poplar Bl*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.