

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30644

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 12

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                   |  |                                                                                                                                                          |  |                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>WAYNE</u>                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>                      |  |                                                                                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>PIEDMONT</u>                                                                                                                                                                                                                                                                                                                                                              |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  | c. CITY OR TOWN <u>Mo. Piedmont</u>                                                                                                                      |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| e. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>✓</u>                                                                                                                                                                                                                                                                                                                                                              |  | Length of stay in <u>1b</u><br><u>LIFE</u>                                                        |  | d. STREET ADDRESS (If outside, give location)<br><u>✓</u>                                                                                                |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>RAY</u> Middle <u>IRA</u> Last <u>BEATTY</u>                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                   |  | 4. DATE OF DEATH<br>Month <u>AUG</u> Day <u>4</u> Year <u>1957</u>                                                                                       |  |                                                                                      |  |
| 5. SEX <u>MALE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 6. COLOR OR RACE <u>WHITE</u>                                                                     |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>JUNE 12, 1908</u>                                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>LABORER</u>                                                                                                                                                                                                                                                                                                                                        |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>SELF EMPLOYED</u>                                         |  | 11. BIRTHPLACE (City and state or country)<br><u>DONIPHAN ARK.</u>                                                                                       |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                      |  |
| 13. FATHER'S NAME<br><u>CHESTER BEATTY</u>                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                   |  | 14. MOTHER'S MAIDEN NAME<br><u>LORA MAE BEATTY</u>                                                                                                       |  |                                                                                      |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>                                                                                                                                                                                                                                                                                                                                                                          |  | 16. SOCIAL SECURITY NO.<br><u>334-09-5786</u>                                                     |  | 17. INFORMANT<br><u>LUCILLE BUCKNER</u>                                                                                                                  |  | Address <u>PIEDMONT, MO.</u>                                                         |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u> |  |                                                                                                   |  |                                                                                                                                                          |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>instant</u>                                   |  |
| 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.)      |  |                                                                                                                                                          |  |                                                                                      |  |
| 20c. TIME OF INJURY<br>Hour _____ a. m. _____ p. m. _____                                                                                                                                                                                                                                                                                                                                                                                            |  | 20d. INJURY OCCURRED WHILE AT <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 _____, to _____ and last saw her alive on _____<br>Death occurred at <u>12:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                            |  |                                                                                                   |  |                                                                                                                                                          |  |                                                                                      |  |
| 22a. SIGNATURE (Degree or title)<br><u>Marvin E. Bowles Coroner</u>                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                   |  | 22b. ADDRESS<br><u>Piedmont, Mo</u>                                                                                                                      |  | 22c. DATE SIGNED<br><u>Aug 5-57</u>                                                  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                                                                                                                                                                                                           |  | 23b. DATE<br><u>8-6-57</u>                                                                        |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MASONIC CEM.</u>                                                                                                |  | 23d. LOCATION (City, town, or county) (State)<br><u>PIEDMONT, Mo.</u>                |  |
| 24. FUNERAL DIRECTOR<br><u>GISH FUNERAL HOME</u>                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Aug. 6, 1957</u>                                                                                                      |  | 26. REGISTRAR'S SIGNATURE<br><u>Hazel Ward</u>                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
AUG 13 1957  
WAYNE CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

AUG 27 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 me....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4

P. O. Address Redwood

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