

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38926  
STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 193

|                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                             |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>                                                                                                                                                                                                                                                                         |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>                   |                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Nevada</b>                                                                                                                                                                                                                                   |                               | c. CITY OR TOWN <b>Nevada</b> <b>1082</b><br><b>0</b>                                                                                                       |                                                                                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>1107 E. Locust</b>                                                                                                                                                                                                                 |                               | d. STREET ADDRESS <b>1123 E. Walnut</b> (If outside, give location)                                                                                         |                                                                                                   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Laura</b> Middle <b>Beaver</b> Last <b>Beaver</b>                                                                                                                                                                                                                    |                               | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>21,</b> Year <b>1957</b>                                                                                       |                                                                                                   |
| 5. SEX <b>Female</b>                                                                                                                                                                                                                                                                                                 | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 31, 1884</b>                                                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>                                                                                                                                                                                                      |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At. Home</b>                                                                                                        | 11. BIRTHPLACE (City and state or country)<br><b>Prairie City, Mo.</b>                            |
| 13. FATHER'S NAME<br><b>Mathew Hallam</b>                                                                                                                                                                                                                                                                            |                               | 14. MOTHER'S MAIDEN NAME<br><b>Sarah-Unknown</b>                                                                                                            |                                                                                                   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                                                                                                                                                                               |                               | 16. SOCIAL SECURITY NO.<br><b>none</b>                                                                                                                      |                                                                                                   |
| 17. INFORMANT<br><b>Mrs. Clyde Burnett, Nevada, Mo.</b>                                                                                                                                                                                                                                                              |                               | Address                                                                                                                                                     |                                                                                                   |
| 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) <b>Myocarditis with decompensation.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>4222</b><br>DUE TO (c) <b>2</b> |                               |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>9 mo.</b>                                                  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Advanced age</b>                                                                                                                                                             |                               |                                                                                                                                                             | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><b>none</b>                                                                                                                                                                                  |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                                                |                                                                                                   |
| 20c. TIME OF INJURY<br>Hour <b>2:15</b> Month <b>Jan</b> Day <b>28</b> Year <b>57</b><br>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, etc.)                                                                         |                                                                                                   |
| 21. I attended the deceased from <b>Jan 28/57</b> to <b>Oct 21/57</b> and last saw her <b>alive on Oct 20/57</b><br>Death occurred at <b>2:15 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                           |                               | 20f. CITY, TOWN, OR LOCATION<br><b>Nevada - Vernon, Mo</b>                                                                                                  |                                                                                                   |
| 22a. SIGNATURE<br><b>W. S. Love</b> (Degree or title)                                                                                                                                                                                                                                                                |                               | 22b. ADDRESS<br><b>Nevada, Mo</b>                                                                                                                           |                                                                                                   |
| 22c. DATE SIGNED<br><b>10/22-57</b>                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                                             |                                                                                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                           |                               | 23b. DATE<br><b>10/23/57</b>                                                                                                                                |                                                                                                   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Newton Burial Park</b>                                                                                                                                                                                                                                                      |                               | 23d. LOCATION (City, town, or county) (State)<br><b>Nevada Missouri</b>                                                                                     |                                                                                                   |
| 24. FUNERAL DIRECTOR<br><b>Eichinger Funeral Home Nevada, Mo.</b>                                                                                                                                                                                                                                                    |                               | 25. DATE RECD. BY LOCAL REG.<br><b>10-24-57</b>                                                                                                             |                                                                                                   |
| 26. REGISTRAR'S SIGNATURE<br><b>Anna J. Ferry</b>                                                                                                                                                                                                                                                                    |                               |                                                                                                                                                             |                                                                                                   |

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.....  
*Sercy F. Melater*

Licensed Embalmer No. *480*  
P. O. Address *Navada*

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.