

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

Registration District No.

210

Primary Registration District No.

4322

Registrar's No.

45105
STATE FILE NUMBER

71

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		c. CITY OR TOWN Mercer	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital		d. STREET ADDRESS (If outside, give location) Marian Twp.	
3. NAME OF DECEASED (Type or print) First Irl Middle Beavers Last Beavers		4. DATE OF DEATH Dec. 21, 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 May 21, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Seldon Beavers		13b. MOTHER'S MAIDEN NAME Emma Richardson	
14. NAME OF HUSBAND OR WIFE Rosa Beavers		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, dates of service) Yes World War #I	
16. SOCIAL SECURITY NO. 496-42-2796		17. INFORMANT James R. Beavers Address Mercer Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Polycythemia vera		10 yrs.	
DUE TO (c) Thrombophlebitis, left leg		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Thrombophlebitis, left leg		294X	
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 Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 Iowa STATE Iowa	
21. I attended the deceased from July 1954 to December 21-57 and last saw him alive on December 21, 1957 Death occurred at 12:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS 210 W. Main St. Princeton, Mo	
22a. SIGNATURE Frank H. Johnston (Degree or title) 0		22c. DATE SIGNED 12-28-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 24, 1957	
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) (State) Lineville Iowa	
24. FUNERAL DIRECTOR James Greenlee ADDRESS Lineville Iowa		25. DATE RECD. BY LOCAL REG. 12-28-57	
26. REGISTRAR'S SIGNATURE Hall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JAN 9

1958

STATE OF TEXAS
JAN 11 1958

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

James L. Groulee

Licensed Embalmer No. *3967*

P. O. Address *Linnville, La*

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.