Health, Welfare Public Service

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1-57

FILED FEB 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004697
STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5765 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Guthrie TWP — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN New Bloomfield — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS 9 mi N. (If outside, give location) — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Annie Middle: Lee Last: Beaver

4. DATE OF DEATH Month: Feb Day: 5 Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar. 25 1888
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 10 Days 10 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Unknown
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: James B. Thomason
13b. MOTHER'S MAIDEN NAME: Elizebeth Vaughan
14. NAME OF HUSBAND ~~OR WIFE~~: C.H. Beaver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: E. C. Minick Address: New Bloomfield Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Vulvular Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: a few
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 (a) 4214
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

21. I attended the deceased from Nov 19-1955 to Feb 5-1958 and last saw her/him alive on Nov 18-1955
Death occurred at 10-10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest Runk (Degree or title) M.D.
22b. ADDRESS New Bloomfield Mo
22c. DATE SIGNED 2/6 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-7-58
23c. NAME OF CEMETERY OR CREMATORY: Boydsville Cemetery
23d. LOCATION (City, town, or county) (State): N.W. New Bloomfield Mo

24. FUNERAL DIRECTOR: LeRoy Claypool ADDRESS: New Bloomfield
25. DATE RECD. BY LOCAL REG.: 2-6-58
26. REGISTRAR'S SIGNATURE: LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

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 ...LeRoy Claypool.....

Licensed Embalmer No. 4412

P. O. Address ..New Bloomfield..

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.