

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009684
STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 137 Primary Registration District No. 5111 Registrar's No. 747

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1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fields Creek Township		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy Wy 35		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 306 N. Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Richard Middle Frank Last Beardsley			4. DATE OF DEATH Month March Day 8 Year 1958		
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 Jan. 20, 1931	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 1 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sioux Falls, So. Da.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ralph Beardsley		13b. MOTHER'S MAIDEN NAME Meta Froelich		14. NAME OF HUSBAND OR WIFE Verna Mae Beardsley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 480-28-3751	17. INFORMANT Address Mrs. Ralph Beardsley, Sioux City, Iowa		
18. CAUSE OF DEATH (Enter only one cause <u>and</u> name for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Cervical Vertebrae + Basilar Skull fracture				INTERVAL BETWEEN ONSET AND DEATH INSTANT	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Automobile Accident		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Head-on Collision of patients car and pick-up truck			
20c. TIME OF INJURY Hour 8:00 Month 3 Day 8 Year 58 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 4 miles west of Clinton, Mo on Highway #35.		20f. CITY, TOWN, OR LOCATION Clinton, Henry, Missouri	
21. I attended the deceased from 8:00 A to was last seen last saw him alive on 3-8-58 (D.O.B.) Death occurred at 8:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W.W. Bradshaw, M.D. Coroner		22b. ADDRESS Clinton, Mo.		22c. DATE SIGNED 3/9/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 9, 1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				23d. LOCATION (City, town, or county) (State) Sioux City, Iowa	
24. FUNERAL DIRECTOR H.A. Vansant, Clinton, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 3-10-58	
				26. REGISTRAR'S SIGNATURE Mildred Bigum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 24 1958
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APR 29 1958
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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 *H. A. Vansant*

Licensed Embalmer No. *3779*
P. O. Address *Clinton,*

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.