

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020586

STATE FILE NUMBER

FILED JUN 4 1958

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Slater,</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE No. <u>Saline</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>Slater</u> d. STREET ADDRESS <u>128 W. Lincoln</u>	
3. NAME OF DECEASED (Type or print) <u>Lloyd ^{First} Wilson ^{Middle} Beadles ^{Last}</u>		4. DATE OF DEATH <u>May, 25 1958</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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 26-1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk in M. F. A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>active</u>	11. BIRTHPLACE (City and state or country) <u>Howard Co. Mo.</u>
13. FATHER'S NAME <u>Robert Beadles</u>		14. MOTHER'S MAIDEN NAME <u>Ula Stipes</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-5055</u>	17. INFORMANT <u>Mrs. Lloyd Beadles Slater No.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (b) _____ stating the underlying cause last. (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</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 <u>Hour Month, Day, Year</u> <u>a. m. p. m.</u>		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 bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE _____	
21. I attended the deceased from <u>2 P.M. 5-25-58</u> to <u>death</u> and last saw ^{her} <u>him</u> alive on <u>5-25-58</u> Death occurred at <u>4:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>W. C. McBurney, M.D.</u>		22b. ADDRESS <u>Slater, Mo.</u>	
22c. DATE SIGNED <u>5/26/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/27/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
24. FUNERAL DIRECTOR <u>Hill Brothers - Slater Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5/29/58</u>	26. REGISTRAR'S SIGNATURE <u>Mr. E.C. Metz</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service
300 1-56
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. Coroner cannot certify to a death due to natural causes.

JUN 4 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..... *Sam M Hill*

Licensed Embalmer No. *129*

P. O. Address *State*

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