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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043110
STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 375 Primary Registration District No. 6287 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN: Mansfield Rural — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: One mi West. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mansfield 1140 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Otto Middle F. Last Beushausen

4. DATE OF DEATH: Month Nov. Day 12, Year 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Apr. 14, 1887

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher and Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Loganville, Wisc.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Beushausen

14. MOTHER'S MAIDEN NAME: Dora Schultz

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.: 486-24-0254

17. INFORMANT: Mrs. Mary Beushausen, Mansfield Mo. (Address)

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): Gastro-Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Vascular degeneration — years
DUE TO (c): Cardiac - Renal Syndrome — 11

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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

21. I attended the deceased from July 1, 1958, to Nov. 12, 1958 and last saw ~~him~~ him alive on 11-12-58. Death occurred at 1:30 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James L. Holmes (Degree or title) D.O. — **22b. ADDRESS** Mansfield, Mo — **22c. DATE SIGNED** 11/13/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 11-16-58 — **23c. NAME OF CEMETERY OR CREMATORY**: Mansfield — **23d. LOCATION** (City, town, or county) (State): Mansfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.: 12/2/58

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Count. File Number [illegible]
Date Filed Dec 9 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyle C. Glenkingbeard

Licensed Embalmer No. 48

P. O. Address Ava, M

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