Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-043145

STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 002 Primary Registration District No. 5017 3-5-19 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: ANDREW
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nodaway Township — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Shady LAWN — Length of stay in 1b: 7 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: ANDREW
c. CITY OR TOWN: Whitesville 0020 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Clayborne Last: Beattie
4. DATE OF DEATH: Month: Dec. Day: 12 Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5-7-1872
9. AGE (In years last birthday): 86 — 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): Retired School teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: Joseph S. Beattie
13b. MOTHER'S MAIDEN NAME: Alice Landers
14. NAME OF HUSBAND OR WIFE: Elma Beattie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs. Elma Beattie Address: Savannah, 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): Arteriosclerotic Heart
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Disease & Cor. failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
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 7-15-53 to 12-11-58 and last saw her/him alive on 12-11-58
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William C. Bahnmann (Degree or title) 22b. ADDRESS: Savannah, MO 22c. DATE SIGNED: 12-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-14-58
23c. NAME OF CEMETERY OR CREMATORY: Whitesville Cemetery
23d. LOCATION (City, town, or county) (State): Whitesville, Mo.
24. FUNERAL DIRECTOR: Breit Funeral Home ADDRESS: Savannah, mo.
25. DATE RECD. BY LOCAL REG.: 12-15-58
26. REGISTRAR'S SIGNATURE: Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

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.

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 B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.