Health, Welfare Public Service

300
1-57

3

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-008592
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 97

**1. PLACE OF DEATH**
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fulton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Callaway Hospital — Length of stay in 1b: 1 Day

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Callaway
c. CITY OR TOWN: Fulton 0140 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R.F.D.# 5 — Reside on Farm: Yes [ ] No [✓]

**3. NAME OF DECEASED** (Type or print): First: Lewis Middle: S. Last: Beard

**4. DATE OF DEATH** Month: April Day: 1 Year: 1959

**5. SEX**: Male 0

**6. COLOR OR RACE**: White

**7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

**8. DATE OF BIRTH**: June 17, 1875

**9. AGE** (In years last birthday): 83 — 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): Pattern Maker for Molds
**10b. KIND OF BUSINESS OR INDUSTRY**: A.P.Green

**11. BIRTHPLACE** (City and state or country): Mt. Auburn, Illinois

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Benjamin F. Beard
**13b. MOTHER'S MAIDEN NAME**: Maranda Elley
**14. NAME OF HUSBAND OR WIFE**: Elfia Way Beard

**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.**: 491-05-5655

**17. INFORMANT**: Miss Doris Beard R#5 Fulton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: + 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — years
DUE TO (c): 4201
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 [ ] 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

**21.** I attended the deceased from 1941, to 4/1/59 and last saw him alive on 3/31/59
Death occurred at 1:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** Nancy Durst M.D. (Degree or title)
**22b. ADDRESS** Fulton, Mo.
**22c. DATE SIGNED** 4/2/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: Apr-5-1959
**23c. NAME OF CEMETERY OR CREMATORY**: Callaway Memorial Gardens
**23d. LOCATION** (City, town, or county) (State): Fulton Mo

**24. FUNERAL DIRECTOR** ADDRESS: Wallace Funeral Home Fulton, Mo.
**25. DATE RECD. BY LOCAL REG.**: April-2-1959
**26. REGISTRAR'S SIGNATURE**: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

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 Dangil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, MO.

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.