

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016716

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 222

300
-57

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rocheport		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION U. of Mo. Medical Center		Length of stay in lb 12 days	0100 STREET ADDRESS Route 1 (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle Wesley Last Bea			4. DATE OF DEATH Month MAY Day 11 Year 1959		
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 1-10-84		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Willis Bea		13b. MOTHER'S MAIDEN NAME Judy Barnes		14. NAME OF HUSBAND OR WIFE Nellie Bea	
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. <	17. INFORMANT Address Mrs. Nellie Bea Rocheport Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE					INTERVAL BETWEEN ONSET AND DEATH 2-3 WKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) RHEUMATIC HEART DISEASE WITH AORTIC STENOS. AND INSUFFICIENCY					—
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 411X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Hour _____ Month _____ Day _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 APR 30, 1959 to MAY 11, 1959 and last saw ^{her} him alive on MAY 11, 1959 Death occurred at 1145 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. Sanders (Degree or title) MD			22b. ADDRESS Univ of Mo. Med Center		22c. DATE SIGNED MAY 11, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery Columbia, Missouri		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 13, 1959		26. REGISTRAR'S SIGNATURE Mrs RE Palmer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 JUN 8

CT 23 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 [Signature] Licensed Embalmer No. 4425 P. O. Address [Address]

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.