

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017128  
STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 153

5. 300  
1-57

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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 causally related.

*Clotting*

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>411 E. High St.</u>		Length of stay in lb <u>ten years</u>	
3. NAME OF DECEASED (Type or print) <u>CLAUDE HARVEY BEAVER</u>		4. DATE OF DEATH Month <u>May</u> Day <u>17th</u> Year <u>'59</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 checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 4th 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watch Maker</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Watchmaking</u>	9c. AGE (In years last birthday) <u>69</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>Cole County, Missouri</u>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Newton Beaver</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Bean</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Robert McCray, Columbia, Missouri</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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			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.) <u>Man died suddenly in sleep. Had been treated previously for heart condition. Investigation revealed death due to natural causes.</u>	
20c. TIME OF INJURY Hour <u>6:00</u> a.m. Month, Day, Year <u>5-17-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City - Cole - Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alfred G. Goltz, Coroner Cole County</u>		22b. ADDRESS <u>630 Adams St. Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>5-18-59</u>		23. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 20th 1959</u>	
23c. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		24. FUNERAL DIRECTOR <u>Tanner Service, Jefferson City, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>18 May 1959</u>		26. REGISTRAR'S SIGNATURE <u>R. P. Harris, MD - MR</u>	

ALL OF HCP

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 *Donald P. Freeman* .....

Licensed Embalmer No. *4623* .....  
P. O. Address *Ohio* .....

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.