

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022124
STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 195 Primary Registration District No. Registrar's No. 56-59

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rocky Comfort</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rocky Comfort</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>0600</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>BEAVER</u> Last <u>BEAVER</u>			4. DATE OF DEATH Month <u>6</u> Day <u>21</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>6-3-1887</u>
9. AGE (In years less birthday) <u>72</u>		FUNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JAME</u>	11. BIRTHPLACE (City and state or country) <u>McDonald Co. Mo.</u>
12. FATHER'S NAME <u>Bibb BEAVER</u>		13. MOTHER'S MAIDEN NAME <u>hinnie CHAPPER</u>	14. NAME OF HUSBAND OR WIFE <u></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>JAMES BEAVER</u> Address <u>UARTHAGE MO</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>Medullary PARALYSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral ANOXIA</u> DUE TO (c) <u>ARTERIOSCLEROSIS, Generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>YEARS</u>
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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 <u>4-24-59</u> to <u>6-21-59</u> and last saw him alive on <u>6-20-59</u> Death occurred at <u>4:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. Johnson D.O.</u> (Degree or title)		22b. ADDRESS <u>Stella, Missouri</u>	22c. DATE SIGNED <u>7-2-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-23-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union BEAN</u>	23d. LOCATION (City, town, or county) (State) <u>Stella Mo. Rt.</u>
24. FUNERAL DIRECTOR <u>Henry Wiley & Son</u> ADDRESS <u>W. R.</u>		25. DATE RECD. BY LOCAL REG. <u>7-6-59</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>

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 Mayme E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Quincyville

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.