

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023889

FILED JUN 30 1959

Registration District No. 360

Primary Registration District No. 3076

STATE FILE NUMBER 139 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Nevada 108<sup>2</sup><sub>0</sub></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>Nevada Hospital</u>		Length of stay in lb <u>24 years</u>	d. STREET ADDRESS (If outside, give location) <u>522 So. Chestnut</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jennie</u> Middle <u>May</u> Last <u>Beisly</u>			4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1959</u>	
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5. SEX <u>Female</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>10/16/1884</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Montevallo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James F. McQuellan</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie M. Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>S. W. Beisly</u>
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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. Dale LaGuire</u>	Address <u>Nevada, Missouri</u>
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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>Acute uremia because of diabetic acidosis 640 mg. %</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
and DUE TO (b) <u>Acute peritonitis</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Small bowel obstruction</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</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.)
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20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year a.m. <u>  </u> p.m. <u>  </u>	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from <u>June 25, 1946</u> to <u>June 18, 1959</u> and last saw her <u>alive</u> on <u>June 18, 1959</u> Death occurred at <u>Nevada, Missouri</u> <u>10:15a</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>R. B. Jones, M. D.</u>	22b. ADDRESS <u>Moore Building-Nevada, Missouri</u>	22c. DATE SIGNED <u>June 19, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/20/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Milo Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Milo, Missouri</u>
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24. FUNERAL DIRECTOR <u>Eichinger Funeral Home Nevada, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-26-1959</u>	26. REGISTRAR'S SIGNATURE <u>Anna B. Ferry</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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certificates for Part I must be carefully entered.

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 *Percy F. Melster* .....

Licensed Embalmer No. *4885* .....

P. O. Address *Florida, 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.