URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-038798
STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 5-019 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY ANDREW
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCHESTER TOWNSHIP — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles east Savannah — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ANDREW
c. CITY OR TOWN REA — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HARVEY Middle CLARK Last BEATTIE
4. DATE OF DEATH Month November Day 14 Year 1959
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12/23/75
9. AGE (last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (City and state or country) Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Claiborn Beattie
13b. MOTHER'S MAIDEN NAME Martha E. McDaniel
14. NAME OF HUSBAND OR WIFE Florence Beattie
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. - - -
17. INFORMANT Mrs. Leota Conway, Address Rea, Missouri

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) Arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with congestive failure — 3 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured right hip, 11-6-59
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 8-19-55, to 11-14-59 and last saw him alive on 11-13-59
Death occurred at 2:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren C. Baker (Degree or title) M.D.
22b. ADDRESS Savannah, Missouri
22c. DATE SIGNED 11-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 11-16-59
23c. NAME OF CEMETERY OR CREMATORY Whitesville Cemetery
23d. LOCATION (City, town, or county) (State) Whitesville, Missouri

24. FUNERAL DIRECTOR BREIT & HAWKINS ADDRESS SAVANNAH
25. DATE RECD. BY LOCAL REG. 11-18-59
26. REGISTRAR'S SIGNATURE Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James B Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.