

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 046571

FILED VS. JAN 13 1960 355

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 6202 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>TEXAS</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SUMMERSVILLE</u>	a. STATE <u>MO</u>	b. COUNTY <u>TEXAS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NONE</u>		c. CITY OR TOWN <u>SUMMERSVILLE</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>ANNA</u>	Middle <u>BEASLEY</u>	Last <u>BEASLEY</u>	Month <u>DEC</u>	Day <u>18</u>	Year <u>1959</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHT</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>8/1/1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>
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>NONE</u>	11. BIRTHPLACE (City and state or country) <u>MOSS MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JAMES NIVENS</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CAPE</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES BEASLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>JAMES BEASLEY-SUMMERSVILLE MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<u>Transition and Debilitation</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Carcinomatosis</u>	
DUE TO (b)	<u>Primary Carcinoma of Fundus Uteri</u>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <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 _____ 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 (Degree or title) <u>Dr. Lawrence Houston</u>		22b. ADDRESS <u>Summersville Mo.</u>		22c. DATE SIGNED <u>1-7-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-21-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Minor</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>L. J. Erwin Houston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Anna Roberts</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lowell C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mt. Grove*

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.