RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

XC-2509 994 SL 20779 2 1772 -60-007916

STATE FILE NUMBER

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

DED FILED VS FEB 23 1960

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY MARION

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS, MO. — Length of stay in 1b: 50 days

c. CITY OR TOWN SALEM — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 1116 S. MAPLE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) — First: MARSHALL — Middle: — Last: BEARD

4. DATE OF DEATH — Month, Day, Year: FEBRUARY 14, 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1/3/74

9. AGE (last birthday): 86 — 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): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MARION CO., ILLINOIS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: WILLIAM BEARD

13b. MOTHER'S MAIDEN NAME: MARY TATE

14. NAME OF HUSBAND OR WIFE: ZILPHA BEARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): SPAW

16. SOCIAL SECURITY NO.: 526-22-5666

17. INFORMANT — Address: Zilpha Beard, 1116 S. Maple, Salem, Ill.

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) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) LYMPHATIC LEUKEMIA — UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

POST-OPERATIVE CARCINOMA OF COLON AND STOMACH

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 12/26/59 to 2/14/60 and last saw him alive on 2/14/60

Death occurred at 1:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE ROBERT STROUD (Degree or title) M.D.

22b. ADDRESS VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED 2/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2-16-60

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Salem, Ill.

24. FUNERAL DIRECTOR — ADDRESS: McMackin Funeral Home, Salem, Ill.

25. DATE RECD. BY LOCAL REG. FEB 15 1960

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D.

(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

~~or by~~ _____, Student Embalmer No. ____

working under my personal supervision.

Student _____ Signed Elton R. H. Remele

Signature of Student Embalmer

Licensed Embalmer No. 428

P.O. Address St. Louis

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