

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010714

FILED VS APR 7 1960

140 Primary Registration District No. 3024 Registrar's No. 37

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in lb 4 wks	c. CITY OR TOWN Harrisburg Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) --- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ETTA Middle LOU Last BEASLEY	4. DATE OF DEATH Month Apr. Day 4, Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Boone Co. Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas Wingo	13b. MOTHER'S MAIDEN NAME Melinda Wim	14. NAME OF HUSBAND OR WIFE Robert L. Beasley
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Robert L. Beasley Address Harrisburg, Mo
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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) Carcinoma of Uterine Cervix DUE TO (b) DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 1 year
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Basal-rectal fistula	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 s.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **May 1959** to **April 4 - 1960** and last saw her **April 3 - 1960** alive on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at **139 1/2 Ave**

22a. SIGNATURE Wm Shaw (Degree or title) M.D.	22b. ADDRESS Fayette, Mo.	22c. DATE SIGNED 4/4/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/5/60	23c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery	23d. LOCATION (City, town, or county) (State) Harrisburg, Missouri
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24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo	25. DATE RECD. BY LOCAL REG. 4-4-60	26. REGISTRAR'S SIGNATURE Katherine Welch
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

