RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS OCT 3 1 1960

-60-037946

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b: 7 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Oklahoma b. COUNTY Oklahoma City
c. CITY OR TOWN Oklahoma City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1532 N.E. 39th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: SARA Middle: MINA Last: BEARD
4. DATE OF DEATH Month, Day, Year: October 22, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/27/1902
9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months 3 Days 25
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Private Home
11. BIRTHPLACE (City and state or country): Fort Collins, Colo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lines H. Dwinell
13b. MOTHER'S MAIDEN NAME: Martha W. Reynolds
14. NAME OF HUSBAND OR WIFE: Edward Beard
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.: 440-05-4681
17. INFORMANT: Mrs. R. L. Rodelander, Address 1532 NE 39th St. Oklahoma City, Okla.

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) Hypoglycemic shock (Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown diabetes ??
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Collapsed lung & multiple rib fractures from auto accident
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.) Auto accident
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 10-15-60, to Death and last saw her alive on 10-22-60
Death occurred at 3:40 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE John F. Pearl (Degree or title) M.D.
22b. ADDRESS St. Clair, Missouri
22c. DATE SIGNED 10-23-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct.24,1960
23c. NAME OF CEMETERY OR CREMATORY: Oklahoma City
23d. LOCATION (City, town, or county) (State): Oklahoma City, Okla.
24. FUNERAL DIRECTOR: Nieburg & Vitt, Inc., Washington, Mo. L.H.Vitt — ADDRESS
25. DATE RECD. BY LOCAL REG.: 10/24/60
26. REGISTRAR'S SIGNATURE: H. Stuhlmann

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 - 1960

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_____
Signature of Student Embalmer

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washingto

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.