

ED VS NOV 1 1960

-60-040856

DED

Registration District No. 2-2-58370 Primary Registration District No. 370-4-4 Registrar's No. 45

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GREENVILLE</u> Length of stay in 1b <u>1 DAY</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside/Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u> c. CITY OR TOWN <u>PIEDMONT</u> 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 <u>ROSCOE</u> Middle <u>EUGENE</u> Last <u>BEATY</u>				4. DATE OF DEATH Month <u>OCT.</u> Day <u>19</u> Year <u>1960</u>							
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-24-1905</u>		9. AGE (last birthday) <u>55</u>		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) <u>MERCHANT</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>BAIT STORE</u>				11. BIRTHPLACE (City and state or country) <u>DODGE CITY ARK</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHESTER BEATY</u>				13b. MOTHER'S MAIDEN NAME <u>LORA MAY MORRIS</u>				14. NAME OF HUSBAND OR WIFE <u>PEARL M. BEATY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>				16. SOCIAL SECURITY NO. <u>498-05-1178</u>				17. INFORMANT <u>PEARL BEATTY</u> Address <u>PIEDMONT, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Routine Investigation and</u> (b) <u>Presumed to be Natural Causes</u> (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH _____	
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 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.) _____							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 alive on _____ Death occurred at <u>1:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Maria E Bowles</u> (Degree or title) <u>Coroner</u>						22b. ADDRESS <u>Piedmont, mo</u>				22c. DATE SIGNED <u>10-20-1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-21-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>				23d. LOCATION (City, town, or county) <u>PIEDMONT</u> (State) <u>MO.</u>			
24. FUNERAL-DIRECTOR <u>GISH FUNERAL HOME</u> ADDRESS <u>PIEDMONT, MO</u>						25. DATE RECD. BY LOCAL REG. <u>Oct. 31-1960</u>		26. REGISTRAR'S SIGNATURE <u>Bretta M. Wang</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Bowles

Licensed Embalmer No. 442

P. O. Address Chickadee

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.