

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1967

-61-001140

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 335

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u>		Length of stay in lb <u>2 yrs.</u>		c. CITY OR TOWN <u>Windsor Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. # 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>O.</u> Last <u>BEIER</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>20</u> Year <u>1961</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>June 10, 1898</u>	9. AGE (last birthday) <u>62</u>	10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livingston Co</u>		11. BIRTHPLACE (City and state or country) <u>Livingston Co</u>		12. CITIZEN OF WHAT COUNTRY <u>  </u>	
13a. FATHER'S NAME <u>Paul Beier</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dillhoff</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Singleton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-34-9565</u>		17. INFORMANT <u>Mrs Charles Beier Windsor 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>Circulatory Collapse</u> DUE TO (b) <u>Septicemia - Septic Emboli</u> DUE TO (c) <u>Cellulitis of Face</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypoplastic Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>2 days</u> <u>5 days</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>6/29/1960</u> to <u>1/20/61</u> and last saw him alive on <u>1/20/1961</u> Death occurred at <u>3:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Signature or title) <u>William J. Smith M.D.</u>				22b. ADDRESS <u>Windsor Mo.</u>		22c. DATE SIGNED <u>1/21/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Jan. 22, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery Chillicothe</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Norman Funeral Home Chillicothe Mo.</u>		ADDRESS <u>  </u>		25. DATE RECD. BY LOCAL REG. <u>JAN 24-61</u>		26. REGISTRAR'S SIGNATURE <u>Mary Briggs (Reg.)</u>	

FEB 2 1961

**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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address: Windsor Mo

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.