

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-001154

STATE FILE NUMBER

DATE
OF
BIRTH

AMENDED

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 18

FILED VS FEB 14 1961

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 8 years		c. CITY OR TOWN Armstrong		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Lettie Middle Littrell Last BEACH				4. DATE OF DEATH Month February Day 6 Year 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Sept. 30, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Lexington, Kentucky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Milton Littrell		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Thurman		14. NAME OF HUSBAND OR WIFE James Bernard Beach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. W. E. Magruder Address New Franklin Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Right hemiplegia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute coronary thrombosis DUE TO (c) Cerebral + Coronary vascular sclerosis						INTERVAL BETWEEN ONSET AND DEATH 2 days 5 minutes unknown	
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. ☐ 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.)			
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 March 15 1954 to February 6 1961 last saw her alive on Feb 5 1961 Death occurred at 9:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James J. [Signature]</i>		(Degree or title) MD		22b. ADDRESS Fayette, Mo		22c. DATE SIGNED 2-6-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 8, 1961		23c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem.		23d. LOCATION (City, town, or county) (State) Armstrong, Missouri	
24. FUNERAL DIRECTOR Markland - Hall		ADDRESS New Franklin, Mo.		25. DATE RECD. BY LOCAL REG. 2-6-61		26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, M

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.