MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-002179

STATE FILE NUMBER

FILED VS JAN 30 1961

AMENDED

Registration District No. 187 Primary Registration District No. 5694 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe twp. | Length of stay in 1b 2 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1mi. S.E.Chillicothe | Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN Chillicothe | Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 308 Calhoun | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LONNIE Middle LYLE Last BEAIRD

4. DATE OF DEATH Month Jan. Day 20 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/8/05
9. AGE (last birthday) 55 | 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) Plant foreman
10b. KIND OF BUSINESS OR INDUSTRY Feed Mill
11. BIRTHPLACE (City and state or country) Wheeling, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James E. Beaird
13b. MOTHER'S MAIDEN NAME Hattie L. James
14. NAME OF HUSBAND OR WIFE Ruth Beaird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO.
17. INFORMANT Ruth Beaird, Address Chillicothe, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Shock	immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	External & Internal Hemorrhage	immed
DUE TO (c)	Gunshot wound	

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.) Gunshot wound in chest self inflicted
20c. TIME OF INJURY Hour Approx. 11 a.m. p.m. Month, Day, Year 1-20-61
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.) 1 mi. S.E.
20f. CITY, TOWN, OR LOCATION Chillicothe, COUNTY livingston STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at aprox. 11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.B. Webber (Degree or title) D.O. Coroner
22b. ADDRESS 901 Jackson, Chillicothe Mo.
22c. DATE SIGNED 1-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan.24,1961
23c. NAME OF CEMETERY OR CREMATORY Wheeling cemetery
23d. LOCATION (City, town, or county) Wheeling, (State) Mo.

24. FUNERAL DIRECTOR Donald Gordon, ADDRESS Chillicothe, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 23, 1961
26. REGISTRAR'S SIGNATURE Amalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 8 1961

AUG 25 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 Richard W. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe 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.