

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-018379
STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 4362 Registrar's No. 12

AMENDED
FILED JUN 13 1961

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Granby		Length of stay in 1b land 1/2yr.	c. CITY OR TOWN Diamond Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Kimbrough Rest Home		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Alice Middle Mary Last Beach			4. DATE OF DEATH Month 6 Day 3 Year 1961		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Arenac Bay, Michigan	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Alvin B. Beach	13b. MOTHER'S MAIDEN NAME -----Bullock	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Miss Lois Brookshire-Diamond, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Interval between onset and death 2 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Myocarditis years
	DUE TO (c)

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	
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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.)
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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
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21. I attended the deceased from <u>3/26/61</u> to <u>6/3/61</u> and last saw ^{her} him alive on <u>6/3/61</u> Death occurred at <u>1:00p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>Blaise R. Drey</i> (Degree or title) D.O.	22b. ADDRESS Granby, Mo	22c. DATE SIGNED 6/6/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-6-1961	23c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery	23d. LOCATION (City, town, or county) (State) Diamond, Missouri
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24. FUNERAL DIRECTOR Shewmake Funeral Home-Granby, Mo.	25. DATE RECD. BY LOCAL REG. June 6, 1961	26. REGISTRAR'S SIGNATURE <i>M. B. Young</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

AMENDMENTS ON THIS RECORD ARE NOT ALLOWED

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 Floyd E. Stewart

Licensed Embalmer No. 4923

P. O. Address Box 58 Granby

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:-