

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020820

STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 58

FILED JUL 5 1961

1. PLACE OF DEATH

a. COUNTY

Dent

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SalemLength of stay in 1b
3 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ar residenceInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE- Missouri b. COUNTY Dent

c. CITY
OR TOWN SalemInside Limits
Yes ☒ No ☐d. STREET (If outside, give location)
ADDRESS Jackson stReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Albert E Beasley4. DATE OF DEATH Month Day Year
June 25 19615. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-28-889. AGE (last birthday)
73IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Factory worker10b. KIND OF BUSINESS OR INDUSTRY
Mill work11. BIRTHPLACE (City and state or country)
Crawford Co Mo12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Marion Beasley

13b. MOTHER'S MAIDEN NAME

Mary Jane Roberts

14. NAME OF HUSBAND OR WIFE

Pearl Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
X17. INFORMANT
Address Mrs Pearl Beasley Salem Mo18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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.☐ Yes ☐ No ☐ Unknown19. 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 6-3-58 to 6-17-59 and last saw him alive on 6-17-59
Death occurred at 11:20 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

burial

6-27-61

Cedar Grove Cem

Salem Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Spencer Funeral Home Inc

6/27/61

M. M. Clark, M. A. Lyman

(Licensed Embalmer's Statement on Reverse Side)

JUL 21 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 Carl H. J. [Signature]
Licensed Embalmer No. 2370
P. O. Address [Signature]

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.