

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-023908

STATE FILE NUMBER

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 154

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>			Length of stay in 1b <b>Yrs</b>		c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>835 W. Monroe St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Bessie</b> Middle <b>Lee</b> Last <b>Beatty</b>				4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-13-1896</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>64</b> Days <b>64</b>		IF UNDER 24 HR Hours <b>64</b> Min. <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Audrain County Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>B. B. Daniel</b>			13b. MOTHER'S MAIDEN NAME <b>Pearl Gallispie</b>			14. NAME OF HUSBAND OR WIFE <b>James E. Beatty</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>500-28-4736</b>		17. INFORMANT <b>James Beatty - Mexico, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Diabetes Mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>10 yrs</b> <b>20 yrs</b>	
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	
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.)			
20c. TIME OF INJURY Hour <b>4</b> a.m. <b>10</b> p.m.		Month, Day, Year <b>July 13 1961</b>					
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
21. I attended the deceased from <b>Sept 20 1951</b> to <b>July 13 1961</b> and last saw her alive on <b>July 13 1961</b> Death occurred at <b>4 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>O L Garcia MD</b> (Degree or title)				22b. ADDRESS <b>Mexico Mo</b>		22c. DATE SIGNED <b>7-14-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 16, 1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>	
24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 16-1961</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

APR 11 1963

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 Connie L. Pickering, Student Embalmer No. 630

working under my personal supervision.

Student Connie L. Pickering  
Signature of Student Embalmer

Signed Elmo Amundson

Licensed Embalmer No. 3569

P. O. Address Murphy

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.