

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025802

FILED JUL 31 1961

Registration District No. 169 Primary Registration District No. _____ Registrar's No. 12 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 mi no. Baring, Mo		c. CITY OR TOWN Edina	
Length of stay in 1b 2 yrs		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Edina	
Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) BYRON HUGH BEATTY		4. DATE OF DEATH Month July Day 20 Year 1961	
5. SEX M	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 15 Nov 1889
9. AGE (last birthday) 71		10. IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Washington, D. C.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Dr. Hugh Wilson Beatty		13b. MOTHER'S MAIDEN NAME Etta Orr	
14. NAME OF HUSBAND OR WIFE Nora M. O'Donnell Ross			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 491-14-1041A	
17. INFORMANT Mrs. Richard Kimble, Baring, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia caused by Atelectasis DUE TO (b) Bronchopneumonia DUE TO (c) Chronic Bronchiectasis of unknown cause 20 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) advanced arteriosclerosis 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 9:30 a.m. A Month, Day, Year 1949			
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 Edina, Missouri		COUNTY Knox STATE Mo	
21. I attended the deceased from 1949 to July 1961 and last saw him alive on July 5, 1961 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Deamelin</i> (Degree or title) D.O.		22b. ADDRESS Edina, Missouri	
22c. DATE SIGNED 7/21/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 23 July '61	
23c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.		23d. LOCATION (City, town, or county) (State) Kirkville, Mo	
24. FUNERAL DIRECTOR HUDSON-RIMER FUNERAL HOME		25. DATE RECD. BY LOCAL REG. July 24 - 1961	
26. REGISTRAR'S SIGNATURE <i>Neil S. Hunter</i>			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1961

AUG 25 1961

MAY 23 1962

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. 610

working under my personal supervision.

Student James W. Danner
Signature of Student Embalmer

Signed A. H. Rimmer

Licensed Embalmer No. 5041

P. O. Address Edina, Mo.

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.