MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER -61-032179

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 17

FILED OCT 10 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH

a. COUNTY: Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs — Length of stay in 1b:

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cedar Co. Mem. Hospital — Inside Limits: Yes ☒ No ☐

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

a. STATE: Mo. b. COUNTY: Cedar

c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): First Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Cameron Middle: C. Last: McBeath

4. DATE OF DEATH Month: Oct. Day: 4 Year: 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-2-1899

9. AGE (last birthday): 62 — 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): Stockman, retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Samuel McBeath

13b. MOTHER'S MAIDEN NAME: Ieucretia Poopwell

14. NAME OF HUSBAND OR WIFE: Josephine McBeath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine McBeath, ElDorado SpgsMo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cardiac decompensation

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

DUE TO (b): artirosclerotic; heart disease

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Massive coronary occlusion in 1956

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 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 1956, to Oct.4,1961 and last saw her/him alive on Oct.4, 1961

Death occurred at 2:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Yager M.D.

22b. ADDRESS: 808 S.Main,ElDoradoSprings, Missouri

22c. DATE SIGNED: 10/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-7-1961

23c. NAME OF CEMETERY OR CREMATORY: ElDorado Spgs. Cem.

23d. LOCATION (City, town, or county) (State): ElDorado Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS: Gwinn-Carothers,ElDorado Spgs.Mo.

25. DATE RECD. BY LOCAL REG.: 10-8-61

26. REGISTRAR'S SIGNATURE: Dave Gassiot

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1967

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_____ Signed Max Pickering

Signature of Student Embalmer

Licensed Embalmer No. 4696

P. O. Address [illegible]

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.