

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039979  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 356

FILED DEC 11 1961

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLARK</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirksville</u>		Length of stay in 1b <u>6 days</u>	c. CITY OR TOWN <u>Alexandria</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Laughlin Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Bryce</u> Middle <u>Loyd</u> Last <u>Beard</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-5-1898</u>	9. AGE (last Birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>CLARK Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Eugene Beard</u>		13b. MOTHER'S MAREN NAME <u>Minnie Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Leila (Schuman) Beard</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>yes</u>	17. INFORMANT <u>Mrs. Bryce Beard, Alexandria, Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>unknown</u>
IMMEDIATE CAUSE (a)	<u>Medullary Failure</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Cerebral Thrombosis (Vascular)</u>	
DUE TO (b)	<u>Cerebral arteriosclerosis</u>	
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding Gastric Ulcer</u>		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 <u>5:00</u> a.m. <u>0</u> p.m. <u>0</u>	Month, Day, Year <u>12-2-61</u>	
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 <u>Kirksville, Mo.</u>
		COUNTY <u>CLARK</u> STATE <u>MO.</u>

21. I attended the deceased from 12-2-61 to 12-7-61 and last saw him alive on 12-6-61  
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Richard H. Still, Jr., M.D.</u>		22b. ADDRESS <u>Kirksville, Mo.</u>	22c. DATE SIGNED <u>12-7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-9-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Com.</u>	23d. LOCATION (City, town, or county) (State) <u>CLARK Co. Mo.</u>
24. FUNERAL DIRECTOR <u>Gutting, Kahoka, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>12-7-1961</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

DEC 19 1961

RICHARD H. STILL, JR. D.D.

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Riversville, Md.

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.