

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002565

MISSOURI DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

179

Primary Registration District No.

4287

Registrar's No.

18

STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY

Lincoln

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

a. STATE Missouri

b. COUNTY Lincoln

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Troy

Length of stay in 1b

2 1/2 Yrs 1 1/2

c. CITY

OR TOWN

Troy

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Res. 200 Kuhne Blvd.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 200 Kuhne Blvd

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Harold

Middle James

Last Sr. Beathe Jr.

4. DATE OF DEATH

Month February 4, 1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/17/05

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired)

Sta. Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Pipe Line Sta.

11. BIRTHPLACE (City and state or country)

Radical, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James S. Beathe

13b. MOTHER'S MAIDEN NAME

Louisa D. Shellenberger

14. NAME OF HUSBAND OR WIFE

Grace Johnson Beathe

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

No

None

16. SOCIAL SECURITY NO.

443-03-8926

17. INFORMANT

Mrs Grace J. Beathe, Troy, Missouri

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Circulatory Failure
Coronary Thrombosis

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

DUE TO (b)

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)

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

to 2/4/62

and last saw him alive on

2/4/62

Death occurred at 4:00 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Winfield, Mo.

22c. DATE SIGNED

2/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/8/62

23c. NAME OF CEMETERY OR CREMATORY

Mount Hope

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

Independence, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Potts Funeral Home, Independence Kan.

25. DATE RECD. BY LOCAL REG.

2-5-1962

26. REGISTRAR'S SIGNATURE

Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

2/23/62

2/23/62

2 1/2 Yrs. & Jr.

Louisa D. Shellenberger

1 1/2 yrs. & Sr.

Louisa D. Shellenberger

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

VS FEB 14 1962

FEB 15 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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.