

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011566

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 46

FILED MAR 16 1962

VS 300
Rev. 4/59

10490

20490

3

4 1

5 2

6

7 1

8 2

9491X

10

11

12 96-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JASPER.		a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP.		Length of stay in 1b 4 1/2 YRS.	c. CITY OR TOWN CARTHAGE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAIR ACRES		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) FAIR ACRES
3. NAME OF DECEASED (Type or print) First FARRIE Middle LEE Last BEATTY			4. DATE OF DEATH Month 3 Day 6 Year 1962
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/1/75
9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING	11. BIRTHPLACE (City and state or country) VINCENNES, INDIANA
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME UNK SHERRON		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE WALTER F. BEATTY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. JACK WARD, CARTHAGE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis & psychosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 6-15-55 to 3-6-62 and last saw her alive on 2-23-62 Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Foster Whitten</i>		22b. ADDRESS M.D., 616 W. CENTENNIAL, CARTHAGE MO.	22c. DATE SIGNED 3/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/9/62	23c. NAME OF CEMETERY OR CREMATORY LIBERAL CEMETERY	23d. LOCATION (City, town, or county) (State) LIBERAL MO.
24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 3-8-62	26. REGISTRAR'S SIGNATURE <i>W. Foster Whitten</i>

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

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.