

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016385

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

FILED APR 16 1962

VS 300
Rev. 4/59

8870

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ralls.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper Township.		Length of stay in 1b 2Mo.	c. CITY OR TOWN RFD.Vandalia,Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD Vandalia,Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jasper Township.
3. NAME OF DECEASED (Type or print) First Middle Last TINA MARIE BEELER.			4. DATE OF DEATH Month Day Year April 8, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child	11. BIRTHPLACE (City and state or country) Danville, Ill.
13a. FATHER'S NAME Donald Beeler.		13b. MOTHER'S MAIDEN NAME Junita Hooker.	14. NAME OF HUSBAND OR WIFE Child.
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 Address Donald Beeler, Vandalia, 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) Strangulation. DUE TO (b) Strangled while feeding on bottle. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH instant.
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. <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 checked="" 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.) strangled while feeding on bottle.	
20c. TIME OF INJURY Hour Month, Day, Year 4:00 a.m. 4-8-62			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	20f. CITY, TOWN, OR LOCATION Jasper Township, Ralls Co, Mo.	COUNTY STATE
21. I attended the deceased from No Medical attention. and last saw her/him alive on _____ Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clyde C. Wilbey</i> Coroner.		22b. ADDRESS Perry, Mo. Ralls County.	22c. DATE SIGNED 4-8-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-8-1962	23c. NAME OF CEMETERY OR CREMATORY Danville, Ill.	23d. LOCATION (City, town, or county) (State) Danville, Ill.
24. FUNERAL DIRECTOR ADDRESS <i>Clyde C. Wilbey</i> Perry, Mo.		25. DATE RECD. BY LOCAL REG. 4-8-1962	26. REGISTRAR'S SIGNATURE <i>Clyde C. Wilbey</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 *Alfred W. Perry*

Licensed Embalmer No. 3820.

P. O. Address Perry, 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.