

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021220  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1515  
**FILED MAY 28 1962**

VS 300  
Rev. 4/59

1400  
2400

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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 a. COUNTY <b>St. Louis County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis County</b>		. Length of stay in 1b <b>9 days</b>	c. CITY OR TOWN <b>St. Louis County</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10544 St. Michael Lane, St. Ann,</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>l.</b> Last <b>Beasley</b>			4. DATE OF DEATH Month <b>Mo.</b> Day <b>May 19,</b> Year <b>1962</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>May 18, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	9. AGE (last birthday) <b>85</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min. <b>1</b>
11a. FATHER'S NAME <b>John Beasley</b>		11b. MOTHER'S MAIDEN NAME <b>Francis Momon</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		12b. SOCIAL SECURITY NO. <b>none</b>	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Arrest</b> DUE TO (b) <b>Acute Pulmonary Edema effusion 1 week</b> DUE TO (c) <b>Acute left ventricular Insufficiency 2 weeks</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		13b. INTERVAL BETWEEN ONSET AND DEATH <b>Mo.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Thrombo-encephalo-malacia; Kypho-Cor-Scolio</b>		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 <b>7:30</b> Month, Day, Year <b>1955</b> s.m. <b>p.m.</b>		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 <b>7:30 p.m. 5/19/62</b> to <b>1962</b> and last saw her alive on <b>5/19/62</b> . Death occurred at <b>7:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Marjorie Richardson</b>		22b. ADDRESS <b>9553 Lackland Rd. 14</b>	
22c. DATE SIGNED <b>5/19/62</b>		22d. CITY, TOWN, OR COUNTY (State) <b>Union, Missouri</b>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>May 22, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Indian Prairie, Union, Mo.</b>		23d. LOCATION (City, town, or county) <b>Union, Missouri</b>	
24. FUNERAL DIRECTOR <b>Sherwood W. Kitchell, St. Clair, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-20-62</b>	
26. REGISTRAR'S SIGNATURE <b>John M. [Signature]</b>			

JUN 8 1962  
FEB 1 1963

**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 Sherrill G. Kitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.