

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-047984

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 17 Primary Registration District No. _____ Registrar's No. 142

FILED JAN 3 1963

1. PLACE OF DEATH a. COUNTY <u>PuTNAm</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PuTNAm</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>POWERSVILLE</u>		Length of stay in lb <u>1 yr.</u>	c. CITY OR TOWN <u>POWERSVILLE</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VILLAGE</u>		Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>VILLAGE</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last <u>Iva Ferris Beary</u>		4. DATE OF DEATH Month Day Year <u>DEC-22, 1962</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3-3-1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>61</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>19</u> IF UNDER 24 HR: Hours <u>19</u> Min.
11a. FATHER'S NAME <u>John Rutter</u>		11b. MOTHER'S MAIDEN NAME <u>ANNA Libick</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Rutter</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA Libick</u>	14. NAME OF HUSBAND OR WIFE <u>Jos Beary</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-80-4463</u>	
17. INFORMANT <u>Marie Rhodes Green City, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO (b) <u>arteriosclerosis & hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 <u>Dec 22-62</u> to <u>Dec 22-62</u> and last saw him alive on <u>Dec 22-62</u> Death occurred at <u>12 noon</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm L. Gidd</u>		22b. ADDRESS <u>Unionville Mo</u>	
22c. DATE SIGNED <u>12/24/62</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>B.</u>	23b. DATE <u>12-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>POWERSVILLE Mo</u>
24. FUNERAL DIRECTOR <u>Trusted & Son - Unionville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-24-62</u>	
26. REGISTRAR'S SIGNATURE <u>Marcell Durbin</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 21 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 Marl E. Husted

Licensed Embalmer No. 3304
P. O. Address Unionville 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.