

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

-63-005171

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 154

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**FILED MAR 4 1963**

1. PLACE OF DEATH  
a. COUNTY Boone  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b Hosp 55 min's  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY OF MO. Medical Center Inside Limits Yes  No   
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Boone  
c. CITY OR TOWN Columbia Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Ms Donald Trailer Ct Reside on Farm Yes  No   
3. NAME OF DECEASED First Middle Last TERESA RAE BEAVE  
4. DATE OF DEATH Month Day Year 2-26-63  
5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 9-30-58 9. AGE (last birthday) 4 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Columbia, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A  
13a. FATHER'S NAME LARRY BEAVE 13b. MOTHER'S MAIDEN NAME JANICE KUATZ 14. NAME OF HUSBAND OR WIFE  
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT LARRY BEAVE (FATHER) Address  
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) SALICYLATE INTOXICATION INTERVAL BETWEEN ONSET AND DEATH 24-36 HR.  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) FOR FEVER ASSOCIATED WITH  
DUE TO (c) RUBEOLA 6 DAYS  
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 FEB. 26 to FEB. 26 and last saw <sup>her</sup> him alive on 11:55 P.M.  
Death occurred at 11:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.  
22a. SIGNATURE (Degree or title) Frank E. Shuman, M.D. 22b. ADDRESS University Medical Ctr 22c. DATE SIGNED 2/27/63  
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3/1/1963 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Columbia, Missouri  
24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo. 25. DATE RECD. BY LOCAL REG. Mar 1 1963 26. REGISTRAR'S SIGNATURE Max R E Palmer

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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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 David Duffy Student Embalmer No. 680

working under my personal supervision.

Student David Duffy  
Signature of Student Embalmer

Signed Richard A Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia 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.

OK, signed embalmer name