

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016814

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 270

Primary Registration District No. \_\_\_\_\_

Registrar's No. 32

STATE FILE NUMBER

FILED APR 16 1963

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton,</u>		Length of stay in lb <u>46 Days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print): First <u>EDWARD</u> Middle <u>L.</u> Last <u>BEARY</u>		4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/8/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hdw. Dealer &amp; Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Own Store / Grain</u>	
11. BIRTHPLACE (City and state or country) <u>Powersville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas R. Beary</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lowcock</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma E. 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>no</u>		17. INFORMANT <u>Mrs. Emma E. Beary, Powersville, Mo.</u>	
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>Hepatic failure</u> DUE TO (b) <u>Metastatic adeno-carcinoma</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ s.m. _____ p.m. _____	
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 <u>March 31, 1956</u> to <u>April 5, 1963</u> and last saw him alive on <u>April 5, 1963</u> Death occurred at <u>8:40 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank H. Zuhrt MD</u> (Degree or title)		22b. ADDRESS <u>Princeton, Mo</u>	
22c. DATE SIGNED <u>4/10-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>4-11-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Powersville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Powersville, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Martin &amp; Azbell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Robert Mass</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS:300  
Rev. 4/59

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(Licensed Embalmer's Statement on Reverse Side)

APR 19 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

*Lyman Ogden*

Licensed Embalmer No. 5020

P. O. Address

*Pennetta, 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.

*Permit obtained 4/10-63 H.M.*