

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029562

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 301

Primary Registration District No. 6032

Registrar's No. 58

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Briar-Star Route.</u>		c. CITY OR TOWN <u>Briar-Star Route.</u>	
Length of stay in 1b <u>3 years.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>15 Mi. W. of Doniphan.</u>		d. STREET ADDRESS (If outside, give location) <u>15 Mi. W. of Doniphan.</u>	
3. NAME OF DECEASED (Type or print) First <u>Milton</u> Middle <u>Rankin</u> Last <u>Beavers.</u>		4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1963.</u>	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Jan. 21, 1905.</u>
9. AGE (last birthday) <u>58.</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk-Warehouse.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government.</u>	
11. BIRTHPLACE (City and state or country) <u>Cisco, Texas.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>M. M. Beavers.</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Munn.</u>	
14. NAME OF HUSBAND OR WIFE <u>Never married.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. W. W. II.</u>	
16. SOCIAL SECURITY NO. <u>550-01-8054</u>		17. INFORMANT <u>L. M. Beavers, Hereford, Texas.</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>Self-inflicted gunshot wound.</u> <u>32 .20 Colt revolver.</u> Bullett penetrated roof of mouth ranging upward toward brain, but did not emerge through skull. DUE TO (b) <u>Same as (a).</u> DUE TO (c) <u>Same as (a).</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate.</u>	
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.) <u>Gun was held in right hand and probably fired inside mouth.</u>	
20c. TIME OF INJURY Hour <u>2:30</u> Month, Day, Year <u>7-13-63</u>	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.) <u>Sitting in rocking chair on front porch of home.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Briar. Ripley, Missouri.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at <u>Approximately 2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Roy Meemar, Colonel.</u>		22b. ADDRESS <u>606 Walnut Street Doniphan, Missouri.</u>	
22c. DATE SIGNED <u>July 15, 1963.</u>		22d. LOCATION (City, town, or county) (State) <u>Hereford, Texas.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	23b. DATE <u>July 15, 1963.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Park Cemetery.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Roy Meemar, 606 Walnut St. Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Flava Broz.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.

Permit issued 7-15-63 J.B.