

*Dr. Walterscheid*  
**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

63-032911

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 304

DO NOT WRITE ON THIS STUB	AMENDED
VS-300 Rev. 4/59	DATE AMENDED
1 <u>0648</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
2 <u>0648</u>	
3	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
9 <u>6000</u>	
10	
11	
12 <u>90-0</u>	
13 <u>1-0</u>	
USE BLACK INK OR TYPEWRITER RIBBON	BY AFFIDAVIT OF
ITEM NO.	SHOULD READ

**FILED AUG 26 1963**

1. PLACE OF DEATH  
 a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in 1b

c. CITY OR TOWN Hannibal Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 118 S.8th St., Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 118 S..8th St., Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last  
Joseph W. Beard

4. DATE OF DEATH Month Day Year  
Aug. 2, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH June 28, 1880 9. AGE (last birthday) 83 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) Steamfitter-Retired 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Hannibal, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William H. Beard 13b. MOTHER'S MAIDEN NAME Emily Sandige 14. NAME OF HUSBAND OR WIFE Elizabeth Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Elizabeth Beard, 118 S.8th Hannibal, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Congestive heart disease INTERVAL BETWEEN ONSET AND DEATH years  
 (b) Arteriosclerosis heart disease years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Chronic pyeloneohritis years

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.) Hannibal Marion Mo. 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/29/59 to 8/2/63 and last saw her alive on 8/2/63  
 Death occurred at 11:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) J. W. Walterscheid M.D. 22b. ADDRESS 1209 Broadway, Hannibal, Mo. 22c. DATE SIGNED 8/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 5, 1963 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS H.M.O'Donnell, Hannibal, Mo. 25. DATE RECD. BY LOCAL REG. Aug. 12, 1963 26. REGISTRAR'S SIGNATURE Dr. E.M. Luchs by Lillian M. Gorman

**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 L. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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 received 8/12/63*