

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034901

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 369

Primary Registration District No. 6252

Registrar's No. 3

STATE FILE NUMBER

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) LEEPER		c. CITY OR TOWN LEEPER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) ZOE BEARD		4. DATE OF DEATH AUG 9 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4-26-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) VAN BUREN, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME WILLIAM O. DELL		13b. MOTHER'S MAIDEN NAME SARAH CATES	
14. NAME OF HUSBAND OR WIFE SAMUEL B. BEARD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ✓	
16. SOCIAL SECURITY NO. ✓		17. INFORMANT HATTIE KELLEY LEEPER, 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) Anuria DUE TO (b) Chronic renal disease DUE TO (c) Generalized arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 12 HRS 2-3 yrs 10-20 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked Left Ventricular Failure		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.	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 July 1962 to Aug 9, 1963 and last saw her alive on Aug 9, 1963 Death occurred at 2:15 A.M. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE E. L. Bly (Degree or title)		22b. ADDRESS Piedmont, Mo.	
22c. DATE SIGNED 8-10-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 8-11-1963		23c. NAME OF CEMETERY OR CREMATOR ALL WOOD	
23d. LOCATION (City, town, or county) LEEPER		23e. STATE Mo.	
24. FUNERAL DIRECTOR GISH		25. DATE RECD. BY LOCAL REG. 8-15-1963	
26. REGISTRAR'S SIGNATURE Shirley Paulsen			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1 1110

2 1110

3 2

4 1

5 2

6

7 0

8 2

9 442X

10

11

12 90-2

13 1-0

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, Va.

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.