

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037090

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 217

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0808

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b Life	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 W. Cooper St		d. STREET ADDRESS (If outside, give location) 217 W. Cooper St	
3. NAME OF DECEASED (Type or print) Caretha Beavers		4. DATE OF DEATH Month 9 Day 9 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/11
9. AGE (last birthday) 51		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	
11. BIRTHPLACE (City and state or country) Sedalia Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alex Beaver		13b. MOTHER'S MAIDEN NAME Mary Craighead	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3708206-5823	
16. SOCIAL SECURITY NO. 3708206-5823		17. INFORMANT Mrs. Lucille Brockman (step-mother)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Coronary heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) _____ 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			INTERVAL BETWEEN ONSET AND DEATH Autopsy
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Sedalia		COUNTY _____ STATE _____	
21. I attended the deceased from viewed to Coroner and last saw him alive on _____ Death occurred at midnight and 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) Chas. Gordon Kemp		21b. ADDRESS Coronary Pettis Co	
21c. DATE SIGNED 9-9-63		21d. ADDRESS (City, town, or county) (State)	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE 9/13/63	
22c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		22d. LOCATION (City, town, or county) (State) Sedalia Missouri	
23. FUNERAL DIRECTOR Allen-Sons Funeral Home		24. ADDRESS 117 E. Jefferson St. Sedalia Mo.	
25. DATE RECD. BY LOCAL REG. Sept 13, 1963		26. REGISTRAR'S SIGNATURE Francis A. Shelby	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 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 L. D. Hardman

Licensed Embalmer No. 4378

P. O. Address _____

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.

embalmed by _____
P. O. Address _____