

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41249**

FILED DEC 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>333</u>		
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Henry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place) 2Dys.		c. CITY OR TOWN Chilhowee RFD. 1,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton General Hospital				e. STREET ADDRESS (If rural, give location) Shawnee R Twp				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) CLARK		c. (Last) BEATY		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 16, 1869		
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 11 Days 2		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Henry Co. Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Lewis P. Beaty		13b. MOTHER'S MAIDEN NAME Frances Gillet		14. NAME OF HUSBAND OR WIFE Louellavance Beaty	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis V. Beaty, Chilhowee, Mo. RFD1,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Auricular fibrillation DUE TO (c) Arterio sclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 3 months 1 year 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>45</u> , to <u>Dec. 18</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Dec. 18</u> , 19 <u>56</u> and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) S. B. Hughes M.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 12/19/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 20, 1956		24c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery		24d. LOCATION (City, town, or county) (State) Clinton, Mo.		
DATE REC'D BY LOCAL REG. 12-19-56		REGISTRAR'S SIGNATURE Mildred Bigum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. J. Hensant, Clinton, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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... *N. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address... *Clinton*

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.