

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038181

ED VS OCT 24 1960

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 267 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Deepwater</u> | | Length of stay in 1b <u>18 yrs</u> | c. CITY OR TOWN <u>Deepwater</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Residence</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>VERNA</u> Middle <u>Lee</u> Last <u>Beard</u> | | | 4. DATE OF DEATH Month <u>Oct</u> Day <u>19</u> Year <u>1960</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July-22-1905</u> | 9. AGE (last birthday) <u>55</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>La Due, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Albert West</u> | 13b. MOTHER'S MAIDEN NAME <u>Della Smetten</u> | 14. NAME OF HUSBAND OR WIFE <u>Carl Beard</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>493-22-9062</u> | 17. INFORMANT <u>Carl Beard, Deepwater, Mo.</u> |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: | DUE TO (b) <u>Leukemia</u> | |
| DUE TO (c) | | |

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| 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 |
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| 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. | 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 | | COUNTY _____ STATE _____ |

21. I attended the deceased from _____ to _____ and last saw her/him alive on June, 24, 1960.
Death occurred at October 19-1960 at 12:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>D. CR 4 Powell DO</u> | (Degree or title) | 22b. ADDRESS <u>Deepwater Mo</u> | 22c. DATE SIGNED <u>10-21-60</u> |
|--|-------------------|-------------------------------------|-------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-22-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Trays Chapel</u> | 23d. LOCATION (City, town, or county) (State) <u>Eight Miles S.W. Deepwater</u> |
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| 24. FUNERAL DIRECTOR <u>Melvin L. Janssens, Deepwater, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Oct. 22, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Richard Beggs</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address Appleton

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.