

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030737

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registered No. **FILED AUG 20 1962** Primary Registration District No. **3023** Registrar's No. **186**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
b425			
3425			
3			
4 0			
5 1			
6			
7 0			
8 2			
9331X			
10			
11			
12 1-0			
13 1-0			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

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, give TOWNSHIP only) Clinton		c. CITY OR TOWN Clinton	
c. FULL NAME OF (If NOT in hospital, give location) Clinton General Hospital		d. STREET ADDRESS (If outside, give location) 507 W. Jefferson St.,	
3. NAME OF DECEASED (Type or print) ROBERT E. BEATY		4. DATE OF DEATH Aug. 12, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/13/1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		11. BIRTHPLACE (City and state or country) Henry Co., Missouri	
13a. FATHER'S NAME D. T. Beaty		14. NAME OF HUSBAND OR WIFE Bettie Lou 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. 568 -05 - 2967	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hr.	
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	
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 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 1959 to 8-12-62 and last saw her/him alive on 8-12-62 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh B. Walker, M.D.		22b. ADDRESS Clinton, Mo	
22c. DATE SIGNED 13 Aug. 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE August 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Paul Cemetery	23d. LOCATION (City, town, or county) (State) Clinton, Mo. Rural
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Aug 13 1962	26. REGISTRAR'S SIGNATURE Maldred Bigum

AUG 22 1962

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 H. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Chillicothe, 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 Obtained

8/13/62

(M. B.)