

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10505

State File No. ....

FILED MAR 29 1943

Registration District No. 156

Primary Registration District No. 2081

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community One Year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans. (b) County Cherokee

(c) City or town Baxter Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 1325 Grant (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Beets

(b) If veteran,  name war \_\_\_\_\_

(c) Social Security No. 509-09-1941

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22  
year 1943 hour 5:35 minute 35 P.M.

4. Sex M

5. Color or Race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Charles Beets

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Dec. 25 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_

and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months \_\_\_\_\_ Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death (Fracture of heart)  
myocardial infarction  
not seen alive

Duration \_\_\_\_\_

9. Birthplace ? Unknown (City, town, or county) (State or foreign country)

Due to general peritonitis 2 wh.

Due to Gangrenous appendicitis

10. Usual occupation welder

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Joplin Ordinance

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Ann Flyer

15. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Charles Beets

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(b) Address 1325 Grant

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Baxter Springs (b) Date thereof Feb. 22-43  
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation Howell's Funeral Home

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Walter Beckman

(b) Address Baxter Springs, Mo

23. Signature Joplin (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 3/2/43

19. (a) 3-3-43 (b) Arthur D. Schubert  
(Date received local registrar) (Registrar's signature)

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

41  
52

43-3-267.

JUN 8 1949

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Walter Hiskuis*.....

Licensed Embalmer No. *783*.....

P. O. Address. *Butler, Pa.*.....

**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 this body is not embalmed, fact should be so stated above.