

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8871

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Webb City Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) 50 Yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jann Chinn				d. STREET ADDRESS (If rural, give location) 327 E. 4th St.			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) W.		c. (Last) Beagle		4. DATE OF DEATH (Month) (Day) (Year) Mar. 1 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 19 Oct. 1862	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 5 Days 12		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner		10b. KIND OF BUSINESS OR INDUSTRY Mines		11. BIRTHPLACE (State or foreign country) Paxton Ill /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME BEAGLE William Beagle		13b. MOTHER'S MAIDEN NAME Nancy Wyford		14. NAME OF HUSBAND OR WIFE Addie Beagle BEAGLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME WEBB ADDRESS, MO Step Son F.M. LE Page 327 E. 4th			
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) Chronic Myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  J. S. [Signature]				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 Jan. 3, 1949, to March 1, 1949, that I last saw the deceased alive on March 1, 1949, and that death occurred at 2:15 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Gregory				(Degree or title) Do L. W. Welch, M.D.		23c. DATE SIGNED 3/2/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3 Mar 1949		24c. NAME OF CEMETERY OR CREMATORY Carterville		24d. LOCATION (City, town, or county) (State) Carterville Mo.	
DATE REC'D BY LOCAL REG. MCH 3; 1949		REGISTRAR'S SIGNATURE S. L. [Signature]		FEDERAL DIRECTOR'S SIGNATURE Webb City Undertaking Co.		ADDRESS Webb City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48  
49  
6  
2

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence W. Chiles

Signed.....  
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lamar 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 this body is not embalmed, fact should be so stated above.