

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29074

State File No.

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. 357 PRIMARY REG. DIST. NO. 4526 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sheldon</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>ND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) <u>ALONZO</u>	a. (First)	b. (Middle)	c. (Last) <u>BEISLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 49</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 18 1876</u>	9. AGE (In years last birthday) (Months) (Days) <u>73</u>	10. YR UNDER 24 hrs. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retiree - Farm</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Phillip Beisley</u>	13b. MOTHER'S MAIDEN NAME <u>Neoma Alphon</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Frank Beisley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no.) <u>no.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nancy Beisley</u> ADDRESS <u>Sheldon</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		<u>YEARS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c)		<u>4 20 1</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchitis</u>		<u>YEARS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 15, 1942, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 9:05A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. ...</u>	23b. ADDRESS <u>Nevada, Mo</u>	23c. DATE SIGNED <u>8/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 24 1949</u>	REGISTRAR'S SIGNATURE <u>W. W. ...</u>	330	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Gerald Beisley</u> ADDRESS <u>Sheldon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. _____

District File Number 7-49-11

Date Filed 8-30-44

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
Student Embalmer

Signed L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Shelton 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.