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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1949

State File No. 30012

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5528 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weanbleau (Rural)
c. LENGTH OF STAY (In this place): all of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mi N East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Montgomery ~~Quincy~~) Township 43
d. STREET ADDRESS (If rural, give location): 6 mi N. East of Weanbleau

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Bert c. (Last) Beavers

4. DATE OF DEATH (Month) (Day) (Year): Aug - 31 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July - 29 - 1890
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months 1 Days 1 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Gerster Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Dare Beavers
13b. MOTHER'S MAIDEN NAME: Margret Todd
14. NAME OF HUSBAND OR WIFE: Vita Beavers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 446-20-6755
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Vita Beavers - Watts, Olka.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy Brain — INTERVAL BETWEEN ONSET AND DEATH: 2 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1948, *to* August 31, 1949, *that I last saw the deceased alive on* August 30, 1949, *and that death occurred at* 6:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. E. Biggs, D.O.
23b. ADDRESS: Wheatland
23c. DATE SIGNED: Sept 20 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 2 - 1949
24c. NAME OF CEMETERY OR CREMATORY: Kings Parish
24d. LOCATION (City, town, or county) (State): Gerster Mo

DATE REC'D BY LOCAL REG.: 9-20-1949
REGISTRAR'S SIGNATURE: W. P. Hargiss 121
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gilbert Hathaway, Wheatland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1945

OCT 28 1945

RECEIVED
District Health Officer No. 3
District File Number 8-49-160
Date Filed 9-27-49

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 Chas. Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Wyo

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.