No. 300
10.48

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

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39849

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 207

97 1 2

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbons Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slater
d. STREET ADDRESS (If rural, give location): 415 N. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): William
c. (Last): Beard

4. DATE OF DEATH (Month) (Day) (Year): Nov. 7th '49

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April, 12, 1926
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months 6, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U S army
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Slater, Mo.
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Le Roy Beard
13b. MOTHER'S MAIDEN NAME: Genell Robinson
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 499-16-6409
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Genell Fowler — ADDRESS: Slater, Mo.

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) Lymphosarcoma of nasal — INTERVAL BETWEEN ONSET AND DEATH: 1½ years

ANTECEDENT CAUSES — DUE TO (b) Infarge.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — None

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, 1949, *to* Nov. 7, 1949, *that I last saw the deceased alive on* Nov. 7, 1949, *and that death occurred at* 10:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. McDurney M.D.
23b. ADDRESS: Slater Mo
23c. DATE SIGNED: 11/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/8/'49
24c. NAME OF CEMETERY OR CREMATORY: Slater City
24d. LOCATION (City, town, or county) (State): Slater, Mo.

DATE REC'D BY LOCAL REG.: Nov 8-1949
REGISTRAR'S SIGNATURE: Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hill Brothers - Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 14
District Health Officer No. 8,

District File Number.....

Date Filed 11-18-49

NOV 29 1949

NOV 21 1949

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. ~~3090~~

working under my personal supervision.

Student .....
Student Embalmer

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater

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.