

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27367

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Competition</u>	
c. LENGTH OF STAY (in this place) <u>8 days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyra</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Beard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 30, 1897</u>	9. AGE (In years last birthday) <u>53</u> if UNDER 1 YEAR Months <u>11</u> Days <u>12</u> if UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Shamel</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Beard</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gilbert Brackett</u>	ADDRESS <u>Houston Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Left Breast</u>		
	DUE TO (c) <u>None</u>		
11. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			<u>170A</u>

19a. DATE OF OPERATION <u>1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Amputation L. Breast - Carcinoma</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 May, 1950, to Aug, 1950, that I last saw the deceased alive on 12 Aug, 1950, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul A. Jenkins M.D.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>13 Aug 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 15/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Competition Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Competition Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-16-1950</u>	REGISTRAR'S SIGNATURE <u>Hella L. Klay</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>	ADDRESS <u>Lebanon, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0537

Received

AUG 19 1950

Laclede County Health Unit

File No.

J. 50-127

Date Filed

AUG 21 1950

SEP 1 2 1950

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 William A. Fulks

Licensed Embalmer No. 4658

P. O. Address Lebanon, 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.