

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36356**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 365	
1. PLACE OF DEATH a. COUNTY Cape County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 15 Hr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parma		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Mo. Hospt.				d. STREET ADDRESS (If rural, give location) Parma, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Henry c. (Last) Beard			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950				
5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 11, 1882	
9. AGE (In years) (Month) (Day) (Hour) (Min.) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Baxter County Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Sam Beard		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Emma Beard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Emma Beard, Parma Mo ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident DUE TO (c) Struck in chest by flying wheel				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 58237 32	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Parma Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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"/>		21. HOW DID INJURY OCCUR? Parma New Madrid Co.			
22. I hereby certify that I attended the deceased from 11/13 , 19 50 , to 11/19 , 19 50 , that I last saw the deceased alive on 11/16 , 19 50 ; and that death occurred at 5:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. ...				23b. ADDRESS Cape Henderson Mo		23c. DATE SIGNED 11/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery		24d. LOCATION (City, town, or county) (State) Bernie Mo.	
DATE REC'D BY LOCAL REG. 11-27-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS W. H. ...	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
V. 10.48

0164

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. "

File No.

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 Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.