

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1821

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Center Township)</u> <u>0870</u>	
c. LENGTH OF STAY (In this place) <u>3 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. Center, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Ray</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Beshears</u>	(Month) <u>Jan</u>	(Day) <u>3</u>	(Year) <u>1951</u>

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>May 18, 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Vandalia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Baz Beshears</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Clayton</u>	14. NAME OF HUSBAND OR WIFE <u>Lola Beshears</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>Yes World War #2</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lola Beshears</u>	ADDRESS <u>Center, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>venous thrombosis</u> DUE TO (c) <u>?</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>54</u>			

19a. DATE OF OPERATION <u>1-26-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Large Peptic ulcer stomach</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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1920, to 1-3, 1951, that I last saw the deceased alive on 1-2, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Fisher</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Hannibal, Missouri</u>	23c. DATE SIGNED <u>1-5-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Center, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke 189 Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilcox</u>	ADDRESS <u>Perry, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

44
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RECEIVED JAN 10 1951
STATE HEALTH DEPT.
DATE FILED JAN 20 1951

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clyde Wilay.....

Licensed Embalmer No. 3820.....

P. O. Address Perry, Missouri......

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.