

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9282

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3062 Registrar's No. 87

|                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>                                                                                                                                                                                                                                               |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>                                                                                                                                                                                                                                          |                                                                                                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Hannibal</u>                                                                                                                                                                                            |                               | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Hannibal</u> <u>0644</u>                                                                                                                                                                                                                                                                         |                                                                                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>                                                                                                                                                                                                                      |                               | d. STREET ADDRESS (If rural, give location)<br><u>110 Broadway</u>                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HARRY</u> b. (Middle) <u>L.</u> c. (Last) <u>BEEDLE</u>                                                                                                                                                                               |                               |                                                                                                                                                                                                                                                                                                                                                                                     | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 12, 1951</u>                                   |
| 5. SEX <u>male</u>                                                                                                                                                                                                                                                                         | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>                                                                                                                                                                                                                                                                                                            | 8. DATE OF BIRTH <u>March 15, 1890</u>                                                           |
| 9. AGE (In years last birthday) <u>60</u>                                                                                                                                                                                                                                                  |                               | IF UNDER 1 YEAR Months                                                                                                                                                                                                                                                                                                                                                              | IF UNDER 24 HRS. Days Hours Min.                                                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>shoe cutter</u>                                                                                                                                                                          |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Int. Shoe Fact.</u>                                                                                                                                                                                                                                                                                                                         | 11. BIRTHPLACE (State or foreign country)<br><u>Pittsfield, Illinois</u>                         |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>                                                                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| 13a. FATHER'S NAME<br><u>James Beedle</u>                                                                                                                                                                                                                                                  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Ella Morse</u>                                                                                                                                                                                                                                                                                                                                      | 14. NAME OF HUSBAND OR WIFE<br><u>Eva Beedle</u>                                                 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>yes</u>                                                                                                                                                                                                            |                               | 16. SOCIAL SECURITY (If yes, state war or dates of service)<br><u>World War I 490-07-5751</u>                                                                                                                                                                                                                                                                                       | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Eva Beedle, 110 Broadway, Hannibal, Mo.</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) <u>Auricular Fibrillation</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                                                  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                     |                               | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                        |                               | INTERVAL BETWEEN ONSET AND DEATH<br><u>4200</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| 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 <u>9-19-49</u> , 19 <u>49</u> , to <u>3-12-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-12-51</u> , 19 <u>51</u> , and that death occurred at <u>5:30p m.</u> , from the causes and on the date stated above. |                               |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>                                                                                                                                                                                                                           |                               | 23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| 23c. DATE SIGNED <u>3-14-51</u>                                                                                                                                                                                                                                                            |                               |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>removal</u>                                                                                                                                                                                                                                |                               | 24b. DATE <u>Mar. 15, 1951</u>                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><u>Burbridge Cemetery</u>                                                                                                                                                                                                                            |                               | 24d. LOCATION (City, town, or county) (State)<br><u>Pike county, Illinois</u>                                                                                                                                                                                                                                                                                                       |                                                                                                  |
| DATE REC'D BY LOCAL REG. <u>3/14/51</u>                                                                                                                                                                                                                                                    |                               | REGISTRAR'S SIGNATURE <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |
| FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>                                                                                                                                                                                                                                            |                               | ADDRESS <u>Hannibal, Mo.</u>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |

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

1644  
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**RECEIVED** MAR 22 1951  
**TO, HEALTH DEPT.**  
**DATE FILED** MAR 22 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.....  
..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Howell E. Foster*

Licensed Embalmer No.

*4742*

P. O. Address

*Ann Arbor, Mich*

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.