

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22077**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>809</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>					
c. LENGTH OF STAY (in this place) <u>12 days</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 5</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>024 Prospect Ave., Leon Nursing Home</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle)		c. (Last) <u>Beaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1951</u>		
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>Feb. 25, 1881</u>		9. AGE (In years last birthday) <u>70</u>	
						IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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 <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Whaley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Meyer</u>			14. NAME OF HUSBAND OR WIFE <u>Harry E. Beaver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Harry E. Beaver, R.R. #5, St. Joseph, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
				ANTECEDENT CAUSES As a result of conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension, arteriosclerosis</u>				7 years	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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>6/17</u> , 19 <u>51</u> , to <u>7/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>51</u> , and that death occurred at <u>4:10A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. L. Forgyon M.D.</u> (Degree or title)				23b. ADDRESS <u>420 N 8th St. St. Joseph, Mo.</u>			23c. DATE SIGNED <u>7/27/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/30/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Aug 3, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Colby</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Water Bowman Funeral Home, St. Joseph, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FILED AUG 6 1951

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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 Spalding

Licensed Embalmer No. 4535-

P. O. Address. 3195 11th St. Joseph, 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.