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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **872**  
Registrar's No. **62**

JAN 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY <b>CRENSHAW</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PAYMONDVILLE 1070</b>	
c. LENGTH OF STAY (in this place) <b>4 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RUFORD</b> b. (Middle) <b>R.</b> c. (Last) <b>BEASLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-19-52</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JUNE 2, 1895</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (State or foreign country) <b>PAYMONDVILLE MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>HENRY P BEASLEY</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA ANN SHIPP</b>	
14. NAME OF HUSBAND OR WIFE <b>X</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>BE BEASLEY - PAYMONDVILLE MO</b>		ADDRESS <b>PAYMONDVILLE MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 HRS</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)			
DUE TO (b) <b>Hypertensive - Cardio-Vascular</b>		years	
DUE TO (c) <b>Renal Disease</b>			
DUE TO (c) <b>Generalized Arteriosclerosis</b>			
III. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>Asytemia</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>442X</b>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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 **1-15, 1952**, to **1-19, 1952**, that I last saw the deceased alive on **1-15, 1952**, and that death occurred at **7:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>William J. Daul, M.D.</b> (Degree or title)		23b. ADDRESS <b>609 Cherry, Springfield</b>		23c. DATE SIGNED <b>1-19-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAHAN CEM</b>	
24d. LOCATION (City, town, or county) (State) <b>NEAR PAYMONDVILLE MO</b>		24e. REGISTRAR'S SIGNATURE <b>James R. Amos M.D.</b>		24f. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. LOHMEYER</b> ADDRESS <b>SPFLD MO</b>	
DATE REC'D BY LOCAL REG. <b>1-21-52</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

*Lucien J. Swadley*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

**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.