

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4138**  
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5136**  
Registrar's No. **11918**

FILED MAR 13 1952

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

BIRTH NO.		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>5136</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Beaver Dam Twp.</b>		c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Naylor</b>		<b>0120</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>U.S. Hiway # 67</b>			d. STREET ADDRESS (If rural, give location) <b>Route 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b>		b. (Middle) <b>Aaron</b>		c. (Last) <b>Beasley</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1952</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>May 28, 1927</b>		9. AGE (In years last birthday) <b>24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Guy Beaseley</b>		13b. MOTHER'S MAIDEN NAME <b>Robert Dunaway</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>John Beasley, Naylor, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest at base of sternum</u></b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile accident</b>			
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 <b>012 E8230 32</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>public hiway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Butler MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-4-52 12:30 P</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Truck turned over</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:30 P</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Greer Croy &amp; Fitch</b> (Degree or title) <b>Coroner</b>			23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>3-5-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-6-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	
24d. LOCATION (City, town, or county) (State) <b>Steel, Missouri</b>		DATE REC'D BY LOCAL REG. <b>March 5-1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>		ADDRESS <b>Poplar Bluff Mo.</b>			

RECEIVED

MAR 11 1952

BUTLER CO. HEALTH CENTER

FILE NO. ~~352-105~~

352-125

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 *Joseph R. Matlack*

Licensed Embalmer No. *4824*

P. O. Address *Poplar Bluff, 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.