S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17061

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holden, Rural
c. LENGTH OF STAY (In this place): 47 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holden, Rural, Rose Hill
d. STREET ADDRESS (If rural, give location): R.F.D. #2 RoseHill Twp.

0510

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): PERRY
c. (Last): BEARD

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 5, 1874
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months 10 Days 21
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, own farm
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Lexington, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Allen Beard
13b. MOTHER'S MAIDEN NAME: Henderson
14. NAME OF HUSBAND OR WIFE: Lettie Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Marie Hanes
ADDRESS: Holden, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gen arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4221
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Kelly Rawlins M.D.
23b. ADDRESS: Holden Mo
23c. DATE SIGNED: 5/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 29, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bear Creek Cemetery
24d. LOCATION (City, town, or county) (State): Holden, Missouri

DATE REC'D BY LOCAL REG.: 6-2-1952
REGISTRAR'S SIGNATURE: Mrs. James Redford
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Ropp
ADDRESS: Holden, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 1953

MAR 27 1959

RECEIVED
JUN 6 1952
JOHNSON COUNTY HEALTH DE

JAN 5 1951

JAN 4 1954

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Samuel B Popp

Signed.....
Student Embalmer

Licensed Embalmer No. 4044

P. O. Address Holden 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.