

FILED JUL 14 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19809

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph ORC</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Mi. East of Salisbury Hwy 24</u>		d. STREET ADDRESS (If rural, give location) <u>712 Taylor St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lindol</u> b. (Middle) <u>Mitchell</u> c. (Last) <u>Beard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/8/52</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/11/1919</u>	9. AGE (In years last birthday) <u>32</u>	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Weldon M. Beard</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Eliz. Herlin</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Beard</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Beard</u>		ADDRESS <u>Moberly</u>	
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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>Heart Crushed</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>021</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, large factory, street, office bldg., etc.) <u>Highway 24</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Salisbury Sup Chariton Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 8 1952 6:30</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car accident</u>	

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 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>N. W. Garnett - Coroner of Chariton County</u>		(Degree or title)		23b. ADDRESS <u>704 E. 1st St. Moberly, Mo.</u>		23c. DATE SIGNED <u>July 8/1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly - Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>2/11-5-2</u>		REGISTRAR'S SIGNATURE <u>W. H. Hartman</u>		55- REGISTRAR'S SIGNATURE <u>Marion E. Miller</u>		ADDRESS <u>Moberly, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

02 P
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JUL 11 1953

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

Marion E. Million

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.