

STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10. 48

FILED SEP 15 1952

REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276

Registrar's No. 7

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawnence</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Lawnence</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piencce City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piencce City</u> <u>0552</u>                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 Walnut</u>  |  | d. STREET ADDRESS (If rural, give location) <u>411 Walnut</u>   |  |

|  |                           |  |  |   |                             |                            |
|--|---------------------------|--|--|---|-----------------------------|----------------------------|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Lewis</u> b. (Middle) <u>F</u> c. (Last) <u>Beattie</u> |                           |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>9</u> <u>9</u> <u>52</u> |   |                             |                            |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MI</u> | 8. DATE OF BIRTH <u>8/11/86</u>                                      | 9. AGE (In years last birthday) <u>66</u> | 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) <u>Salesman</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Heating Supplies</u> | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>William Beattie</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Beaman</u> | 14. NAME OF HUSBAND OR WIFE <u>Gladys Beattie Piencce</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>327-03-8151</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lewis Beattie Piencce</u> | ADDRESS <u>City mo</u> |
|---|---|--|------------------------|

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|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Thrombosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>33 days</u> |
|  | ANTECEDENT CAUSES<br>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS *<br>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>4201</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) | 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 Sept 1, 1952 to Sept 9, 1952, that I last saw the deceased alive on Sept 9, 1952, and that death occurred at 10:50 m., from the causes and on the date stated above.

|   |                                      |                                 |
|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u> | 23b. ADDRESS <u>Piencce City, MO</u> | 23c. DATE SIGNED <u>9-11-52</u> |
|---|--------------------------------------|---------------------------------|

|   |  |  |   |
|---|--|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9/12/52</u>               | 24c. NAME OF CEMETERY OR CREMATORY <u>Shaymore Country</u>                                 | 24d. LOCATION (City, town, or county) (State) <u>Slegmen MO</u> |
| DATE REC'D BY LOCAL REG. <u>9/12 52</u>                 | REGISTRAR'S SIGNATURE <u>Wm. Davis</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. Wessell</u> ADDRESS <u>Piencce City, Mo</u> |   |

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

550  
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FEB 18 1953

OCT 7 1952

**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 R Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Moulton, 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.