

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22359**

FILED JUL 8 - 1953

BIRTH NO. **3408** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HAYTI</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HAYTI</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>ON JUNCTION</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROGER</b> b. (Middle) <b>DALE</b> c. (Last) <b>BEATTY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 2 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never</b>	
8. DATE OF BIRTH <b>Jan 28, 1953</b>		9. AGE (In years last birthday) <b>5-19</b>		10. UNDER 1-YEAR 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		11. BIRTHPLACE (City and State or Foreign Country) <b>Hayti Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles A. Beatty</b>		13b. MOTHER'S MAIDEN NAME <b>Willie Sue Ballard</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)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <b>Charles A. Beatty</b>		ADDRESS <b>Hayti Mo</b>	
--	--	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Myocarditis - few days</b>		MEDICAL CERTIFICATION <b>Tonsillitis - few days</b>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE (b)		DUPLICATE (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.		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		20. AUTOPSY? 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 <b>7/2</b> , 19 <b>53</b> , to <b>7/2</b> , 19 <b>53</b> that I last saw the deceased alive on <b>7/2</b> , 19 <b>53</b> , and that death occurred at <b>10</b> m., from the causes and on the date stated above.					

23a. SIGNATURE <b>L. D. Denton M.D.</b>		23b. ADDRESS <b>Hayti</b>		23c. DATE SIGNED <b>7-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 3, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Redhill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Springville, Alabama</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Delisle</b>		ADDRESS <b>PORTAGEVILLE MO</b>	

DATE REC'D BY LOCAL REG. <b>7-3-53</b>		REGISTRAR'S SIGNATURE <b>John W. Gorman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Delisle</b>	
ADDRESS <b>PORTAGEVILLE MO</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

~~7-220-53~~  
7-220-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUL 7 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

*Joseph A. St. Louis*

Licensed Embalmer No. 4481

P. O. Address

*St. Louis, 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.