

24090

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

Dr. Bohrer

FILED AUG 7-1953

REG. DIST. NO. (48) 48

PRIMARY REG. DIST. 5173A, 5173A

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cedar City		c. LENGTH OF STAY (in this place) 36yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cedar City	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address				d. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Richard	b. (Middle) Franklin		c. (Last) Beavers		Aug 2 1953
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July-16-1917	9. AGE (In years last birthday) 36	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Highway Patrol
11. BIRTHPLACE (City and State or Foreign Country) Cedar City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Alpheus T. Beavers	13b. MOTHER'S MAIDEN NAME Lilly Carl	14. NAME OF HUSBAND OR WIFE Ruby Beavers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 495-12-0478	17. INFORMANT'S SIGNATURE OR NAME Ruby Beavers	ADDRESS Cedar City, Missouri		

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) DUE TO (c)	MEDICAL CERTIFICATION Acute & fatal renal failure secondary to cardiac failure Rheumatic Fever	INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 mos 30 yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	4011

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) 11:57 a.m.	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 8-5-1952 to 8-2-1953, that I last saw the deceased alive on 7-31-53, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23. SIGNATURE Edward R. Bohrer M.D.	(Degree or title)	23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 8.3.52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-4-1953	24c. NAME OF CEMETERY OR CREMATORY Hart Hill Cemetery	24d. LOCATION (City, town, or county) (State) Holt Summit, Missouri
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DATE REC'D BY LOCAL REG. Aug 3-1953	REGISTRAR'S SIGNATURE R.P. Harris M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Shop & Taylor	ADDRESS Jefferson City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0140

JUN 11 1968

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 J. Jordan*

Licensed Embalmer No. *1286*

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.