

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

36809

State File No.

FILED OCT 21 1953

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5952 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>	
c. LENGTH OF STAY (In this place) <u>5475</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spencer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 miles North Vandalia</u>		d. STREET ADDRESS (If rural, give location) <u>12 miles North Vandalia</u>	

3. NAME OF DECEASED a. (First) <u>Francis</u> b. (Middle) <u>Earl</u> c. (Last) <u>Beshears</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10, 1953</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>Mar 10, 1895</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stock & Grain</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
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13a. FATHER'S NAME <u>Eambrose Beshears</u>			13b. MOTHER'S MAIDEN NAME <u>Myra Butler</u>			14. NAME OF HUSBAND OR WIFE <u>Fern Beshears</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>488-24-5502</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fern Beshears, Vandalia, Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u>	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma Lung.</u>						14 mo.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Stomach & Intestinal.</u>							
		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"/>	
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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)				
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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?				
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22. I hereby certify that I attended the deceased from 9/22, 1953, to Oct-10, 1953, that I last saw the deceased alive on Oct-10, 1953, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Dougherty MD</u>		23b. ADDRESS <u>Vandalia Mo</u>			23c. DATE SIGNED <u>10-17-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>10-17-53</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William S. Waters</u>		ADDRESS <u>Vandalia, Mo.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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

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 William B. Nater

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.