

FILED JUN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14839

State File No.

BIRTH NO. REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 4028 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal, Missouri		c. LENGTH OF STAY (in this place) 70 Yrs	c. CITY OR TOWN Liberal
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberal, Missouri at Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) 1060	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) FRANK c. (Last) BEATTY			4. DATE OF DEATH (Month) (Day) (Year) June 6 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 19, 1872		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months 5 IF UNDER 24 HRS. Days 18 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Lamar, Missouri	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Anna Hendricks		14. NAME OF HUSBAND OR WIFE Ferry Lee Beatty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) xxx		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ferry Lee Beatty ADDRESS Liberal Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction 4 hrs.		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis 6 hrs.			
		DUE TO (c) Congestive Heart Disease 5 yrs.			
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) (Min.)		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 Jan. 19, 1946, to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 6:00a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. H. Kneeland, D.O.		23b. ADDRESS Liberal, Mo		23c. DATE SIGNED 6-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Liberal Cemetery	
		24d. LOCATION (City, town, or county) Liberal, Missouri			

DATE REC'D BY LOCAL REG. June 12 1954		REGISTRAR'S SIGNATURE Charlotte McDowell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home Lamar, Missouri	
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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.....
Signature of Student Embalmer

Signed.....
Norman L. Thompson

Licensed Embalmer No. *4811*

P. O. Address *Lamas, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.