

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30200

State File No. _____

FILED OCT. 7 1954

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>770</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 W. 9th Street</u>		STREET ADDRESS (If rural, give location) <u>110 W. 9th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward Eugene</u>	b. (Middle) <u>Beardsley</u>	c. (Last) <u>Beardsley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 1954</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>April 16, 1898</u>	9. AGE (In years) (last birthday) (Months) (Days) (Hours) (Min.) <u>56</u> <u>5</u> <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dyer County Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Beardsley</u>	13b. MOTHER'S MAIDEN NAME <u>Johnnie Simmons</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Beardsley</u>
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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>415-01-7866</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Francis Morgan</u>	ADDRESS <u>17th Street, Ark.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 <u>4201</u>	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) (Min.) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Quinton Tarver</u> (Degree or title) <u>Coroner, Dunklin Co.</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>9/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Malden City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-1954</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Len Service</u>	ADDRESS <u>Kennett, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....10-5-50

COUNTY FILE NUMBER 1057-

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 *Edgar Lee Fox*

Licensed Embalmer No. *44*

P. O. Address *Kennel*

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.