

No. 300
10-48

FILED NOV 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34900

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5962 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural--Marshall Twn.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural --Marshall Twn.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>4 mile N. Weston</u>	

3. NAME OF DECEASED (Type or Print) <u>Thomas Jefferson Beach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1954</u>		
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>March 26, 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Months
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>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Elliston, Ky.</u>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Thomas J. Beach</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Sams</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T. J. Beach</u>	ADDRESS <u>Weston, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious (Addisonian) Anaemia</u>		4 yrs xxx
	ANTECEDENT CAUSES DUE TO (b) <u>Senile dementia</u> DUE TO (c) <u>XXXXXXXXXXXX</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>XXXXXXXXXXXX</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXXX</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Platte Missouri</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>XXXXXXXXXX</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>XXXXXXXXXX</u>
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22. I hereby certify that I attended the deceased from Apr. 10, 1922, to Oct. 22, 1954, that I last saw the deceased alive on Oct. 21, 1954, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis C. Scherhauer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Weston, Missouri</u>	23c. DATE SIGNED <u>10/28/54</u>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-24-54</u>	REGISTRAR'S SIGNATURE <u>Ophelia Raelin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>	ADDRESS <u>Weston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0830

0830

AUG 4 1955

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

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, 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.