

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37786**

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| BIRTH NO. _____ | | REG. DIST. NO. 282 | | PRIMARY REG. DIST. NO. 4424 | | Registrar's No. 132 | |
| 1. PLACE OF DEATH a. COUNTY Polk | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville | | c. LENGTH OF STAY (in this place) 10 yrs. | | c. CITY OR TOWN Humansville | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) 0870 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rachael b. (Middle) Rosa c. (Last) Beaty | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 18 55 | | | | |
| 5. SEX Fe | | 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 5/19/1872 | |
| 9. AGE (In years last birthday) 83 | | IF UNDER 1 YEAR Month 5 Day 29 | | IF UNDER 2 HRS. Hour Min. | | 11. BIRTHPLACE (City and State or Foreign Country) Cedar Co., Mo. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Newton Moulder | | 13b. MOTHER'S MAIDEN NAME Mary Draper | | 14. NAME OF HUSBAND OR WIFE Marion | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alice Grimes, Humansville, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid 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. 4222 | | | | INTERVAL BETWEEN ONSET AND 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 11/17 , 19 55 , to 11/18 , 19 55 , that I last saw the deceased alive on 11/18 , 19 55 , and that death occurred at 11:00 P. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. A. Robinson (Degree or title) MD. | | | | 23b. ADDRESS Humansville, Mo. | | 23c. DATE SIGNED 11/19/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 11/20/55 | | 24c. NAME OF CEMETERY OR CREMATORY Alder Cemetery | | 24d. LOCATION (City, town, or county) (State) Cedar Co., Missouri | |
| DATE REC'D BY LOCAL REG. Nov 22, 1955 | | REGISTRAR'S SIGNATURE Ralph Gordon | | 25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home, ADDRESS Humansville | | | |

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..... *O. H. Beckwith*

Licensed Embalmer No. *393*

P. O. Address *Hemans*

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.