

FILED OCT 3 1956

STANDARD CERTIFICATE OF DEATH

36873  
State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 293

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Adair</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wicksville</u>	c. LENGTH OF STAY (In this place) <u>12 yrs</u>	c. CITY OR TOWN <u>Wicksville</u>	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 <u>Wicksville Hosp.</u>		STREET ADDRESS (If rural, give location) <u>808 E. McPherson</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Mason</u> c. (Last) <u>Beagle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26, 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 27, 1875</u>		9. AGE (In years last birthday) <u>80</u> If UNDER 1 YEAR: Months <u>8</u> Days <u>29</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wicks Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>David W. Beagle</u>		13b. MOTHER'S MAIDEN NAME <u>Lydian Stanford</u>		14. NAME OF HUSBAND OR WIFE <u>Clvez Beagle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-98-3453</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>McVelma Biagg Wicksville</u>	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>54 days</u>	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____	
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.		_____		_____	

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) _____	
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 Sept 23, 1956 to Sept 26, 1956, that I last saw the deceased alive on Sept 26, 1956, and that death occurred at 1:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A.T. Rhoads D.O.</u> (Degree or title)		23b. ADDRESS <u>Wicksville, Mo</u>		23c. DATE SIGNED <u>9-26-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goldsbury MO</u>	
DATE REC'D BY LOCAL REG. <u>9-28-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence Wilson</u>		ADDRESS <u>Pe Photo Mo</u>	

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

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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 *Kenneth M. Wilson*

Licensed Embalmer No. *H 701*

P. O. Address *La Plata, N.M.*

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.