

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45011

State File No.

FILED MAR 11 1957

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 17

WRITE PLAINLY—USING UNFADING BLACK INK

1. PLACE OF DEATH a. COUNTY <u>Oregon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thayer</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> c. CITY OR TOWN <u>Thayer</u> <u>0750</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>Lora</u> b. (Middle) <u>Naomi</u> c. (Last) <u>Beatty</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>January 10, 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1899</u>	9. AGE (In years last birthday) <u>56'</u> IF UNDER 1 YEAR <u>8</u> MONTHS IF UNDER 1 YEAR <u>21</u> DAYS IF UNDER 1 YEAR _____ HOURS IF UNDER 1 YEAR _____ MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. H. Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Tanner</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Beatty</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charley Beatty Thayer, Missouri</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.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>			
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>				21. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast 170X</u>			
19a. DATE OF OPERATION		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Jan 5, 1955</u> , to <u>Jan 8, 1956</u> , that I last saw the deceased alive on <u>Jan 8, 1956</u> , and that death occurred at <u>1 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Arthur Wolf</u>			23b. ADDRESS <u>Thayer Or</u>		23c. DATE SIGNED <u>3-9-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-12-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Thayer Oregon Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Wolf Thayer, Mo</u>					

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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..... *Richard Carter*

Licensed Embalmer No... 451

P. O. Address... *Shymon*

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.