

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25710
STATE FILE NUMBER

FILED JUL 17 1957 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 76

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, give TOWNSHIP only) OR TOWN Humansville		c. CITY OR TOWN Humansville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 8 years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Letia Beaty			4. DATE OF DEATH 7-3-57		
5. SEX Female			6. COLOR OR RACE W		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH 5-25-94		
9. AGE (In years last birthday) 63			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		
100. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (City and state or country) Cedar County Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Wilson Routh		
14. MOTHER'S MAIDEN NAME Jane Rains			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -		
16. SOCIAL SECURITY NO. -			17. INFORMANT Address Mrs Lucy Turner Topeka, Kansas		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/1/57 to 7/3/57 and last saw her alive on 7/3/57 Death occurred at 3:30 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. A. Robinson M.D.		22b. ADDRESS Humansville, Mo.	
22c. DATE SIGNED 7/5/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-7-57		23c. NAME OF CEMETERY OR CREMATORY Alder Cemetery	
23d. LOCATION (City, town, or county) Cedar County Missouri		24. FUNERAL DIRECTOR ADDRESS Beckwith Funeral Home Humansville	
25. DATE RECD. BY LOCAL REG. July 8, 1957		26. REGISTRAR'S SIGNATURE Ralph Anderson per Jewell Eastman	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 3000840
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 See any statement, name, or address of informant on reverse side. All symptoms will be listed. All

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. *395*

P. O. Address *Humans*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.