

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27189

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 6148 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Castor</u>		c. CITY OR TOWN <u>Idalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Days</u>		e. STREET ADDRESS (If rural, give location) <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home of Son</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ISABELL</u>	c. (Last) <u>BEACRAFT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1957</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 8, 1883</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Metropolis, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Benton</u>	13b. MOTHER'S MAIDEN NAME <u>Lily Pruitt</u>	14. NAME OF HUSBAND OR WIFE - <u>Eli Beacraft</u>
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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>Eli Beacraft, Idalia, Missouri</u>	ADDRESS <u>Idalia, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>3 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Valvular heart disease</u>		<u>years</u>	<u>years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from June 1, 1957, to July 5, 1957, that I last saw the deceased alive on July 5, 1957, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen Paul M.D.</u> (Degree or title)	23b. ADDRESS <u>Bloomfield Mo</u>	23c. DATE SIGNED <u>7-9-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Idalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-18-57</u>	REGISTRAR'S SIGNATURE <u>Dr. George L. Baker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND. CO., BLOOMFIELD, MO.</u>	ADDRESS <u>Bloomfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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, <sup>&</sup> by Lulu Cooper # 3499..... ~~Student Embalmer No. x~~  
~~working under my personal supervision.~~

Student.....  
Signature of Student Embalmer

Signed Lulu Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, N.J.

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.