

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1784
STATE FILE NUMBER

FILED FEB 4 1958

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 4

Public Health Service
300
-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in year for the symptoms with be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home, Holden</u>		Length of stay in 1b <u>57 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>Holden Mo</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>THOMAS</u> Last <u>BEATTY</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>31</u> Year <u>1958</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JULY 17 1884</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own FARM</u>		11. BIRTHPLACE (City and state or country) <u>JACKSON Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>WALTER C. BEATTY</u>				14. MOTHER'S MAIDEN NAME <u>JULIA E PATTERSON</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) <u>V V V</u>		16. SOCIAL SECURITY NO. <u>500-107451</u>		17. INFORMANT <u>KATIE BEATTY HOLDEN MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Urinary Retention</u>				19 days	
		DUE TO (c) <u>Fractured Hip</u>				31 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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 <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Holden</u>		STATE <u>MO</u>	
21. I attended the deceased from <u>Jan 1, 1958</u> to <u>Jan 31, 1958</u> and last saw him alive on <u>Jan 28, 1958</u> Death occurred at <u>7:15 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R W Jones D.O.</u>				22b. ADDRESS <u>Holden, MO</u>		22c. DATE SIGNED <u>2-1-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2/2/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HOLDEN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HOLDEN MO</u>		
24. FUNERAL DIRECTOR <u>CANADAY & BOPP HOLDEN MO</u>			25. DATE RECD. BY LOCAL REG. <u>2-2-58</u>		26. REGISTRAR'S SIGNATURE <u>Mr H V Redford</u>		

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 *Samuel B Pop*

Licensed Embalmer No. *40*

P. O. Address *Holden*

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.