

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014600

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 146

Primary Registration District No. 4238

Registrar's No. 195-

S. 300
7-1-57

7000

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buckner | | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Buckner | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION his own home | | Length of stay in 1b 13 years | d. STREET ADDRESS (If outside, give location) County Hwy BB | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Roy Henry Beverburg, Sr. | | | 4. DATE OF DEATH Month Day Year April 28, 1958 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Apr. 27, 1895 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent & telegrapher | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Ry. | 11. BIRTHPLACE (City and state or country) Augusta, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME William Beverburg | | 13b. MOTHER'S MAIDEN NAME Mary Mach | | 14. NAME OF HUSBAND OR WIFE Olinda Mary Beverburg | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 702-14-4001 | 17. INFORMANT Address Olinda Beverburg, Buckner, Missouri | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) athero-sclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE | |
| 21. I attended the deceased from Aug 1957 to April 28, 1958 and last saw ^{him} him alive on April 28 Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) John L. Weisler D.O. | | | 22b. ADDRESS Buckner, Mo | | 22c. DATE SIGNED 4-28-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 30, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery | | 23d. LOCATION (City, town, or county) (State) Buckner, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Hazel H. Reppert Buckner, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-30-58 | 26. REGISTRAR'S SIGNATURE James H. [Signature] | | |

MAY 9 1958

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 *Ralph O Jones*

Licensed Embalmer No. *4604*

P. O. Address *Odessa, Mo*

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.