

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020938
STATE FILE NUMBER 703

FILED JUL 7 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 01170
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hosp.		Length of stay in 1b 30 years	d. STREET ADDRESS (If outside, give location) 2212 S. 6th
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED RYBURN BEATTIE			4. DATE OF DEATH Month Day Year June 29, 1958		
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5. SEX male 0	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 Oct. 19, 1886	9. AGE (In years last birthday) 71	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. employee	10b. KIND OF BUSINESS OR INDUSTRY Board of Public Works	11. BIRTHPLACE (City and state or country) Savannah, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David A. Beattie	13b. MOTHER'S MAIDEN NAME Katy Kent	14. NAME OF HUSBAND OR WIFE Bessie A.
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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) no	16. SOCIAL SECURITY NO. 488-14-7296-A	17. INFORMANT Address 2212 So. 6th St. -B1 Mrs. Reed Beattie, St. Joseph, Mo.
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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>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH matter of minutes Months to years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease with coronary insufficiency</u>	
	DUE TO (c) <u>4200</u>	
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"/> 2

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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
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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
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21. I attended the deceased from dead on arrival to her and last saw him alive on June 29, 1958
Death occurred at 12:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond J. Tolson M.D.</i>	22b. ADDRESS St. Joseph, Missouri	22c. DATE SIGNED 6-30-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/1/1958	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	23d. LOCATION (City, town, or county) (State) Savannah Missouri
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24. FUNERAL DIRECTOR <i>Heston-Bauman</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. July 2, 1958	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Hardell</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John V. Henrichs*
Licensed Embalmer No. *4898*
P. O. Address *S. B. 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.