

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004726

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 53 Primary Registration District No. 2010 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1027 Elm St.</b>		d. STREET ADDRESS (If outside, give location) <b>1027 Elm St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Lloyd</b> Middle <b>Francis Andrew</b> Last <b>Beavers</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>23</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 16, 1923</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>35</b>
11. BIRTHPLACE (City and state or country) <b>Kankakee, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andrew Beavers</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mildred Beavers</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>489-26-6735</b>	
17. INFORMANT <b>Mrs. Mildred Beavers</b>		Address <b>1027 Elm, Cape Gir., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Laennec's Cirrhosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Chronic Hepatic failure</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. Month, Day, Year			
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 <b>Sept. 27, 1955</b> to <b>death</b> and last saw <sup>him</sup> alive on <b>February 21, 1959</b> Death occurred at <b>9:15 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Gordon M. Nunnally, M.D.</b>		22b. ADDRESS <b>1924 Broadway, Cape Girardeau, Mo.</b>	
22c. DATE SIGNED <b>2/24</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 27, 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Old Lorimer Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>	
24. FUNERAL DIRECTOR <b>L.R. Sparks</b>		ADDRESS <b>Cape Gir., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>Feb 28, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mr. Homer Cooper</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

04  
300  
1-57

VS MAR 6 1959

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 *Edward H. Ruffin* .....

Licensed Embalmer No. 5022

P. O. Address Charleston, 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.

MAR 9 1959