

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012896
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 120 Primary Registration District No. Registrar's No. 42

300
1-57

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gentry		c. CITY OR TOWN Gentry 0380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Isaac Newton Beard			4. DATE OF DEATH Month Day Year May 8, 1959		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1873	9. AGE (In years last birthday) 85	IF UNDER 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) farming (retired)	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (City and state or country) Amozina, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Beard	13b. MOTHER'S MAIDEN NAME Mary Brannamas	14. NAME OF HUSBAND OR WIFE Anna Darly Beard
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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) unknown	16. SOCIAL SECURITY NO. -----	17. INFORMANT Mrs Isaac N. Beard	Address Gentry, 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) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 14 days
DUE TO (b) Senility		
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 <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.) 794X
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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
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21. I attended the deceased from 17. Oct. 1956 to 8. May. 1959 and last saw <input checked="" type="checkbox"/> alive on 8. May. 59 Death occurred at 9:05 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE D. S. Merrill (Degree or title) D.O.	22b. ADDRESS Gentry, Missouri	22c. DATE SIGNED May 9, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May, 10, 59	23c. NAME OF CEMETERY OR CREMATORY CARTACK	23d. LOCATION (City, town, or county) (State) Gentry Co., Missouri
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24. FUNERAL DIRECTOR Clifford Brooks	ADDRESS Albany, Mo.	25. DATE RECD. BY LOCAL REG. 5-9-1959	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare
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(Licensed Embalmer's Statement on Reverse Side)

vector, 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

MEDICAL CERTIFICATION

D. S. Merrill

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Donna E. Coshell

Licensed Embalmer No. 4868
P. O. Address Albany, 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.