

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017444

STATE FILE NUMBER

LED MAY 26 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 91

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>TRENTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BARRY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gulkers Hosp.</b>		Length of stay in 1b <b>3 days.</b>	d. STREET ADDRESS (If outside, give location) <b>512 1/2 S 545 BAINBRIDGE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Maggie A-Della BEAVERS</b>			4. DATE OF DEATH Month Day Year <b>MAY 20 1959</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG 27, 1872</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Pike Co. Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>Howard A. Grayball</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Margaret Miller</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO -</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. Ruth CLARK Trenton, 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>Massive Pulmonary Edema, acute</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <b>Cerebral apoplexy, severe.</b> DUE TO (c) <b>Arteriosclerosis, severe 334X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> <b>8 weeks</b> <b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Patient had three strokes in past year.</b>					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 address of injury in PART I or PART II of item 18.) <b>ITEM 13a, 13b CORRECTED</b> <b>BY AFFIDAVIT OF Funeral Director</b> <b>6-17-59</b>			
20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.		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>5-17-59</b> to <b>5-20-59</b> and last saw her alive on <b>5-20-59</b> Death occurred at <b>11:50 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>C. L. Clark M.D.</b>		22b. ADDRESS <b>Trenton, Mo.</b>		22c. DATE SIGNED <b>5/20/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>MAY 20 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BARRY, Ill.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Godwin Blackmore Trenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-20-59</b>		26. REGISTRAR'S SIGNATURE <b>Gene Fair</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *Gordon Beckner* .....

Licensed Embalmer No. 4602 .....

P. O. Address T. Boston, MA .....

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.