...t. Health, ..., & Welfare ...S. Public ...lth Service

...S. 300 ...v. 1-57

FILED VS FEB 8 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-000444
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 86 ASSEMBLY of 90d REST HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY BUTLER
c. CITY OR TOWN POPLAR BLUFF 0124-0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) No. 8. STREET — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ELIZABETH Middle Last BESHEARS

4. DATE OF DEATH Month Jan Day 16th Year 1960

5. SEX 1 FEMALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ 2 WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Dec 5 1879
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1 HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) 2 EMDEN GERMANY
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME NOT KNOWN
13b. MOTHER'S MAIDEN NAME HALKIA SCHMIDT
14. NAME OF HUSBAND OR WIFE JOHN BESHEARS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address MITY MILLER PUXICO MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 794X
INTERVAL BETWEEN ONSET AND DEATH

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? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 11-59, to 1-16-60 and last saw her/him alive on 1-12-60
Death occurred at 12:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) V.H. Shillings DO 2
22b. ADDRESS Puxico Mo
22c. DATE SIGNED 1-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE Jan 17-1960
23c. NAME OF CEMETERY OR CREMATORY PLEASENT GROVE
23d. LOCATION (City, town, or county) (State) PUXICO MO

24. FUNERAL DIRECTOR ADDRESS FLOYD MORGAN PUXICO
25. DATE RECD. BY LOCAL REG. 1/29/60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.