

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042224

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. Registrar's No. 1679

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. FILED NOV 19 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene		a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b Life	c. CITY OR TOWN Rogersville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. #2, Rogersville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. # 2
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CLARENCE Last BEATIE			4. DATE OF DEATH Month Nov. Day 10, Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 67
11a. FATHER'S NAME J. D. Beatie		11b. MOTHER'S MAIDEN NAME Lula (Unknown)	
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.	
17. INFORMANT Roy Beatie, Rt. #2, Rogersville, M		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Presumed to be natural causes			unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) UNATTENDED BY A PHYSICIAN			
DUE TO (c) Greene County Coroner notified.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) Deceased had been complaining with chest pains and lived with bro and sister-in-law who found him dead in bed altho he had been up earlier around 5:00 Am	
20c. TIME OF INJURY Hour e.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <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 6:00 and 6:30 A and last saw her alive on on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. A. Donahue (Deceased's title) Greene County Health Officer, Spfld Mo		22c. DATE SIGNED 11-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-62	23c. NAME OF CEMETERY OR CREMATORY Palmetto Cemetery	23d. LOCATION (City, town, or county) (State) Greene Co., Mo.
24. FUNERAL DIRECTOR Wm. K. Ferrell, Rogersville, Mo.		25. DATE RECD. BY LOCAL REG. 11-16-62	26. REGISTRAR'S SIGNATURE Effie E. Melton

NOV 28 1962

Permit
Nov 10, 1962

(in omnibus)

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. K. Terrell*

Licensed Embalmer No. 4910

P. O. Address Popersville, W. Va.

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.