

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005973

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 344

STATE FILE NUMBER

**FILED MAR 13 1963**

DO NOT WRITE ON THIS STUB      AMENDED

VS 300  
Rev. 4/59

1 0397  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>1534 East Kearney Trail End Motel</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>4526 Virginia</b>
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>R.</b> Last <b>BEASLEY</b>		4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1963</b>	
5. SEX <b>Male</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>7/18/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>S. W. Bell Telephone</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 10 yrs.</b>	9. AGE (last birthday) <b>75</b>
11. BIRTHPLACE (City and state or country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Clinton Beasley</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Ann Beasley</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>		17. INFORMANT <b>Memorial Plans Records</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease with acute pulmonary edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b>
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"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year	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.) <b>3 Mich '63</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	COUNTY <b>Mo.</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>3 Mich '63</b> to <b>3 Mich '63</b> and last saw her/him alive on <b>3 Mich '63</b> Death occurred at <b>10:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Francis M. Maple MD</b>		22b. ADDRESS <b>Springfield, Mo.</b>	22c. DATE SIGNED <b>7 March 63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3/4/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>3-11-63</b>	26. REGISTRAR'S SIGNATURE <b>Ebbie E. Meets</b>

USE BLACK INK OR TYPEWRITER RIBBON

APR 1 1963



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Printed Dec 4, 1963

**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 Harold Tutrell

Licensed Embalmer No. 5079

P. O. Address Jeff, 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.