

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019007

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 103

FILED MAY 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0071  
2 00712  
3  
4 0  
5 1  
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7 1  
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9 4201  
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12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>BUTLER</b>		Length of stay in 1b <b>1 wk.</b>	c. CITY OR TOWN <b>Butler</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Bates Co Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>306 N Maple</b>
3. NAME OF DECEASED (Type or print)		First <b>ORA</b> Middle <b>ELVEN</b> Last <b>BEALL</b>	4. DATE OF DEATH Month <b>May</b> Day <b>10</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 type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/27/1889</b>
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 <b>Barber</b>	9. AGE (last birthday) <b>74</b>
13a. FATHER'S NAME <b>Udella Beall</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Webb</b>	11. BIRTHPLACE (City and state or country) <b>Delta Iowa</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO. <b>02</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Insulin Antroseptol Myocardial</b>		DUE TO (c) <b>Infarction Sept 26, 1959</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Advanced Coronary Arteriosclerosis</b>		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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Sept 26, 1959</b> to <b>May 10, 1963</b> and last saw him alive on <b>May 10, 1963</b> . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thas A. Lusk Jr. MD</b>		22b. ADDRESS <b>Butler Missouri</b>	22c. DATE SIGNED <b>5-11-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/12/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Butler Missouri</b>
24. FUNERAL DIRECTOR <b>Culver Underwood, Butler Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-12-63</b>	26. REGISTRAR'S SIGNATURE <b>Norman Wilson</b>

USE BLACK INK OR TYPEWRITER RIBBON

5-12-63

MAY 22 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 John H. Underwood

Licensed Embalmer No. 3585

P. O. Address. Butler Missouri

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.