MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028048
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 199

FILED JUL 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 0430
3 2
4 0
5 0
6
7 0
8 2
9 540.0
10
11
12 2-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Length of stay in 1b: 30 min
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Wetzel Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Hickory
c. CITY OR TOWN: Wheatland — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Hyway 83 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First William Middle C. Last Beets
4. DATE OF DEATH: Month July Day 16 Year 63
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-18-1891
9. AGE (last birthday): 71 ~~72~~ — IF UNDER 1 YEAR: Months 10 Days 28 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Wheatland, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: U.S. Army Discharge Papers — Address

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): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: Minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Circulatory Failure — 30 min
DUE TO (c): Hemorrhage from From Peptic Ulcer — 2 hrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? 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 7-16-63, to 7-16-63 and last saw her/him alive on 7-16-63
Death occurred at 5:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glasgow DO
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: 7/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-16-63
23c. NAME OF CEMETERY OR CREMATORY: Gardner Cemetery
23d. LOCATION (City, town, or county) (State): Wheatland Mo.

24. FUNERAL DIRECTOR — ADDRESS: Gilbert Hathaway — Wheatland Mo
25. DATE RECD. BY LOCAL REG.: 7-17-63
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 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 _____ Signed Charles Gilbert Hall

Signature of Student Embalmer

Licensed Embalmer No. 4267

P. O. Address Tuskegee, Ala.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c[illegible] 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.