

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045097

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 482 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BISMARCK		c. CITY OR TOWN BISMARCK	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) BISMARCK	
3. NAME OF DECEASED (Type or print) First Middle Last Ethel DORA BEARD		4. DATE OF DEATH Month Day Year NOV 21 1963	
5. SEX FEMALE	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-16-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) DOERUN, MO
13a. FATHER'S NAME EDWIN BLOOM		14. NAME OF HUSBAND OR WIFE CHELSA BEARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		17. INFORMANT Address CHELSA BEARD BISMARCK, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: • IMMEDIATE CAUSE (a) Cerebral Vascular Accident • Hypertension (Hypertensive) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 <u>3/15/63</u> to <u>11/21/63</u> and last saw her <u>alive</u> on <u>11/21/63</u> Death occurred at <u>11:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James E. Venter M.D.		22b. ADDRESS Bismarck, Mo	
22c. DATE SIGNED 11/23/63		22d. LOCATION (City, town, or county) (State) BISMARCK, MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-23-63	23c. NAME OF CEMETERY OR CREMATORY J.O.O.F	23d. LOCATION (City, town, or county) (State) BISMARCK, MO
24. FUNERAL DIRECTOR ADDRESS SHIPMAN & SONS BISMARCK, MO.		25. DATE RECD. BY LOCAL REG. NOV. 23, 1963	26. REGISTRAR'S SIGNATURE Ether Redloff

VS 300 Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 John H. Sherman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.