

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045202

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11307**

STATE FILE NUMBER

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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED NOV 22 1963</p> <p>PLACE OF DEATH</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY</p>	
<p>a. COUNTY St. Louis</p>		<p>c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b</p>		<p>d. STREET ADDRESS (If outside, give location) 4014 Cottage Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First William Middle Beasley Last Beasley</p>			<p>4. DATE OF DEATH Month 11 Day 12 Year 63</p>
<p>5. SEX Male</p>	<p>6. COLOR OR RACE Negro</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Unknown 9. AGE (last birthday) Abt. 66</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) Nashville, Tenn. 12. CITIZEN OF WHAT COUNTRY USA</p>
<p>13a. FATHER'S NAME Robert Beasley</p>		<p>13b. MOTHER'S MAIDEN NAME Mary ?</p>	<p>14. NAME OF HUSBAND OR WIFE Widowed</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>		<p>16. SOCIAL SECURITY NO.</p>	<p>17. INFORMANT Address Frances Ellett- 4014 Cottage Ave.</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line PART I... DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Acute Myocardial Infarction</p> <p style="text-align: center;">DUE TO (b) Coronary Occlusion</p> <p style="text-align: center;">DUE TO (c) 4201</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>			<p>INTERVAL BETWEEN ONSET AND DEATH Undet.</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from 11-7-63 to 11-12-63 and last saw him alive on 11-12-63. Death occurred at 4:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Type or title) <i>[Signature]</i></p>		<p>22b. ADDRESS 2601 N. Whittier</p>	<p>22c. DATE SIGNED 11-14-63</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Removal</p>		<p>23b. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.</p>	<p>23d. LOCATION (City, town, or county) (State) Kirkwood, Missouri</p>
<p>24. FUNERAL DIRECTOR ADDRESS A. L. Beal Und. Co. 4303 Delmar</p>		<p>25. DATE RECD. BY LOCAL REG. NOV 15 1963</p>	<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Paul Thompson Nelson

Licensed Embalmer No. _____

4435

P. O. Address _____

4303 Delmar

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.