

FILED JUL 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22682

State File No. ....

0020

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5017 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>RURAL SAVANNAH</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>SAVANNAH</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		STREET ADDRESS (If rural, give location) <u>RURAL</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Armstrong</u> b. (Middle) _____ c. (Last) <u>Beattie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>oct 7-1893</u>
9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co Mo</u>
13a. FATHER'S NAME <u>William Beattie</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Barbee</u>	14. NAME OF HUSBAND OR WIFE <u>OMA Beattie</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-42-4670</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ms. OMA Beattie</u> ADDRESS <u>Savannah Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>7-10-</u> , 19 <u>56</u> , to <u>7-10-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-10-</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gilbert B. Kelley</u> (Degree or title) _____		23b. ADDRESS <u>Savannah, Mo.</u>	
23c. DATE SIGNED <u>7-11-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>
DATE REC'D BY LOCAL REG. <u>7-14-56</u>	REGISTRAR'S SIGNATURE <u>William Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> ADDRESS <u>Savannah Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *E. C. Breit* .....

Licensed Embalmer No. *2657*

P. O. Address *Savannah*

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.