

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8806

105

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. St. Josephs Hospital				d. STREET ADDRESS (If rural, give location) 208 Fulkerson St. 0			
3. NAME OF DECEASED (Type or Print) OSCAR		a. (First) D.		b. (Middle) BEUTLER		c. (Last)	
4. DATE OF DEATH		8/30/1953		5. SEX 0		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/27/1897		9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Govt Meat Insptr	
11. BIRTHPLACE (City and State or Foreign Country) Russellville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Beutler		13b. MOTHER'S MAIDEN NAME Rose Holzer	
14. NAME OF HUSBAND OR WIFE Minnie Beutler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME City ADDRESS Minnie Beutler, 208 Fulkerson St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man Collapsed in the dressing room at Swift & Co. Packing Plant, and was dead on arrival at the St. Josephs Hospital. No history of recent serious illness or injury.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 4201 (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Viewed 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 3/30/53, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P.M., from the causes and on the date stated above.		23a. SIGNATURE H. F. Mundy M.D. (Coroner)	
23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 3/30/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/53	
24c. NAME OF CEMETERY OR CREMATORY California Cemetery		24d. LOCATION (City, town, or county) (State) California, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 120 Ill. St. Joseph	
DATE REC'D BY LOCAL REG. April 4, 1953		REGISTRAR'S SIGNATURE Esther M. Allison		485		25. FUNERAL DIRECTOR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 18 1950

APR 8 1953

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
Student Embalmer

Signed Emmanuel

Licensed Embalmer No. 4235

P. O. Address St. Joseph 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 this body is not embalmed, fact should be so stated above.