

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17833

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 297

0890

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

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission). a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) HARDIN		c. CITY (If outside corporate limits, write RURAL and give township) HARDIN	
c. LENGTH OF STAY (in this place) 45 yrs		d. STREET ADDRESS (If rural, give location) Hardin Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) ZONOLA b. (Middle) A. c. (Last) BEERY			4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH DEC. 7, 1870		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY confectionery		11. BIRTHPLACE (State or foreign country) Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME J. T. BEERY		13b. MOTHER'S MAIDEN NAME JEANETTE F. COCHRAN- LUCY V. BEERY	
14. NAME OF HUSBAND OR WIFE MRS. ELSIE PESEL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	

17. INFORMANT'S SIGNATURE OR NAME MRS. ELSIE PESEL		ADDRESS HARDIN, MO	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 5/9/1950		ANTecedent CAUSES			10 days	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio Sclerosis			10 yrs	
		DUE TO (c) myocarditis			2 yrs	
		Senility			1 "	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Varicose Veins both legs			10 yrs	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION no operation			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
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? no injury	

22. I hereby certify that I attended the deceased from **Jan 1st, 1949, to May 18, 1950**, that I last saw the deceased alive on **May 18, 1950**, and that death occurred at **11/40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maurice Annis M.D.		23b. ADDRESS Hardin Mo		23c. DATE SIGNED 5/18/1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Hardin City		24d. LOCATION (City, town, or county) (State) Hardin Mo	
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DATE REC'D BY LOCAL REG. May 22-1950		REGISTRAR'S SIGNATURE Malcol Jackson 293		25. FUNERAL DIRECTOR'S SIGNATURE Knipschild & Bercheping		ADDRESS Hardin, Mo	
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RECEIVED
MAY 29
District Health Officer No. 8,

District File No. _____
Date Recd. 6/2/50

JUN 7 1950

APR 1 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed August Borcharding

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.