

CERTIFICATE OF DEATH

124 70 0002420

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 21

DECEASED—NAME FIRST MIDDLE LAST
Herman Henry Beutler SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR)
February 6, 1970

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)
White AGE—LAST BIRTHDAY (YEARS) **50 65** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR)
4-10-1904 COUNTY OF DEATH
Laclede

CITY, TOWN, OR LOCATION OF DEATH
Lebanon INSIDE CITY LIMITS (SPECIFY YES OR NO) **Yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
WALLACE Hosp.

7b. **Lebanon** STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Missouri** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Never Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **None**

8. **Missouri** SOCIAL SECURITY NUMBER **NeverHad One** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **None** KIND OF BUSINESS OR INDUSTRY

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER
Missouri Laclede Lebanon No Rt. 4

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Henry Beutler Rosie Holzer

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Jim Beutler R F D California, Missouri 65018

PART I. DEATH WAS CAUSED BY:
(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1b. IMMEDIATE CAUSE
(a) **Lobar Pneumonia** 4 days
DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
Generalized Interosseous Vasc. Des. AUTOPSY (YES OR NO) **No** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1b)
20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e. 20f. 20g. 20h. YES NO LPM

CERTIFICATION—PHYSICIAN: MONTH DAY YEAR MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 21b. 21c. 21d. 21e.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
22a. 22b. 22c. 22d. 22e.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
23a. 23b. 23c. 23d.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE
24a. Removal-Burial 24b. United Church of Christ 24c. California, Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 2-8-1970 24e. Williams Funeral Home 211 S. Oak Calif., Mo. 65018

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
25a. 25b. 25c. 25d. 25e. Feb 12, 1970

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CREDITS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 0
10a. 65
10b. 40535
11. 0
12. 0
13. 481X
14. 0
15. 9
16. 0
17. 0
18. 0
19. 0
20. 2-0

FEB 18 1970

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 May W. Dickering

Licensed Embalmer No. 4696

P. O. Address May W. Dickering, Inc.

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.