

DEC 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39160

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township Springfield Primary Registration District No. 2001 Registered No. 841  
 (c) City Springfield (d) Street No. St. Johns Hosp. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) Home born in U.S. If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1233 N. Grant Ave.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel S. Beezley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1892

7. AGE YEARS 46 MONTHS 7 DAYS 0 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman  
 9. Industry or business in which work was done, as saw mill, bank, etc. R.P. Yards  
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER 13. NAME John S. Beezley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9

MOTHER 15. MAIDEN NAME Amanda Springer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 9

17. INFORMANT (NAME AND ADDRESS) Clarence Beezley, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE DATE Springfield, Mo. Nov. 11, 1938

19. FUNERAL DIRECTOR (NAME AND ADDRESS) W. Springer, Springfield, Mo.

20. FILED 11-11-38 Chas. A. George, Jr., Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938, to Nov 9, 1938

I last saw him alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

- 1) Coronary occlusion
- 2) Hemorrhagic leptomeningitis
- 3) Chronic nephritis

Date of onset Nov. 7

Other contributory causes of importance: Syphilis 34

Name of operation None Date of Nov 9

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W.D. Hickey, M. D.

(Address) 923 N. Main St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 22 1956

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, E. Roy A. Gaver  
1763: Warren D. Hoblett #005, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

J. B. Kingree

Licensed Embalmer No. 3358

P. O. Address Springfield, 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, above space should be left blank.