

FILED OCT 13 1948

Registration District No. 1577

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No.

30084

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours
(Specify whether years, months or days)
In this community 17 years

3. (a) PRINT FULL NAME ALFRED LEANDER BEESON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Beeson 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 20 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 11 If less than one day hr. min.

9. Birthplace near Des Moines Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business at home

12. Name Newton Beeson
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jeffries
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Beeson
(b) Address 612 S. Eastern St., Carthage, Mo.
17. (a) burial (b) Date thereof Oct 5, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Click Cem. Nevada, Mo

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 10-5-48 (b) L. B. Clinton, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 851 E. Fifth St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1948 hour 3 minute 18 P. M.
21. I hereby certify that I attended the deceased from 1948 to Oct 1, 1948
that I last saw him live on Oct 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Medullary
paralysis
Phenol Poisoning
Due to Phenol Poisoning
Due to Phenol Poisoning
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1030
Of autopsy

Duration

3 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct 1, 1948
(c) Where did injury occur? Carthage, Jasper, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home - phenol
(Specify type of place)
While at work? no (e) Means of injury self
Signature Albert B. Wheeler, M.D. (M.D. or other)
Address Carthage, Mo Date signed 10-1-48

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

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.....

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

Signed..... *Robert H. Knell*

Licensed Embalmer No. *4459*

P. O. Address. *Carthage*

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.