

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46

46

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Mexico		c. LENGTH OF STAY (in this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Molino Rural-Saltriver	
		d. STREET ADDRESS (If rural, give location) R. F. D. #1	
3. NAME OF DECEASED (Type or Print) a. (First) Marston		b. (Middle) Ward	
		c. (Last) Beamer	
4. DATE OF DEATH 1/3/49		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 5/1/1874		9. AGE (In years last birthday) 75 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Monroe County, W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Beamer		13b. MOTHER'S MAIDEN NAME Mary H. Morrison	
		14. NAME OF HUSBAND OR WIFE Eva Michie Beamer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marston W. Beamer	
		ADDRESS Molino, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chr, ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, senility, DUE TO (c) 72' 18' II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cirrhosis of liver	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) —		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) — — —			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — — — —		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 Dec 25, 1948 , to Jan 3, 1949 , that I last saw the deceased alive on Jan 2, 1949 , and that death occurred at 2:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. S. Williams M.D.		23b. ADDRESS Mexico Mo	
		23c. DATE SIGNED 1-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/49	
24c. NAME OF CEMETERY OR CREMATORY Bethel		24d. LOCATION (City, town, or county) (State) Audrain County, Mo.	
DATE REC'D BY LOCAL REG. Jan-4-1949		REGISTRAR'S SIGNATURE Blanche Neely	
		25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely ADDRESS Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 1-49-111

Date Filed JAN 18 1949

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 _____

Charles J Reed

Student Embalmer No. 210

working under my personal supervision.

Student Charles J Reed
Student Embalmer

Signed

Charles J Reed

Licensed Embalmer No. 3569

P. O. Address Justico, 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.