FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1949

Registration District No. 2025

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1999

Primary Registration District No. 3047

Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 S. Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Newton
(c) City or town: Neosho
(If outside city or town limits, write "RURAL")
(d) Street No.: 217 S. Lafayette
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Scott Beeman
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: No Record (Month) (Day) (Year)

8. AGE: Years: 80 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)
10. Usual occupation: Custodian
11. Industry or business: of Apartments

MOTHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Anna Shambaugh
(b) Address: 217 S. Lafayette
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: JAN. 4, 1949 (Month) (Day) (Year)
(c) Place: burial or cremation: Eucha, Okla.
18. (a) Signature of funeral director: C. Clark Bigham
(b) Address: 200 E. Spring, Neosho, Mo.
19. (a) Jan. 4, 1949 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JAN day: 3
year: 1949 hour: 10:50 minute: A.M. M.
21. I hereby certify that I attended the deceased from July 1, 1948 to Jan. 3, 1949 and that I last saw him alive on Jan. 3, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Myocarditis	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autops:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: C. E. Manear (M. D. or other)
Address: Neosho, Mo. Date signed: 1-3-49

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co Health Unit

District File Number 149-19

Date Filed 1-14-49

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 K. Ly — White

Licensed Embalmer No. 4240

P. O. Address Neosho, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.