

FILED MAY 27 1949

## STANDARD CERTIFICATE OF DEATH

16298

State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place) <b>3 Wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Seneca</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Joplin General Hosp</b>			d. STREET ADDRESS (If rural, give location) <b>2 miles so. of Seneca</b>		
3. NAME OF DECEASED (Type or Print) <b>Floyd</b>		a. (First)	b. (Middle)	c. (Last) <b>Beavers</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 18, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never mar.</b>		8. DATE OF BIRTH <b>Dec. 1, 1912</b>	9. AGE (In years last birthday) <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>U.S.A.</b>	

13a. FATHER'S NAME <b>J.H. Beavers</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Wammack</b>	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ellen Beavers</b>	ADDRESS <b>Seneca, rte 2</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Septic Pneumonia</b>		<b>5 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hepatitis</b> DUE TO (c) <b>Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5/22/49</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 April 27, 1949, to May 18, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 7:11 am., from the causes and on the date stated above.

23a. SIGNATURE <b>J.R. Morgan</b>	(Degree or title)	23b. ADDRESS <b>202 521 - W.H. Joplin</b>	23c. DATE SIGNED <b>5/18/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-22-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seneca Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Seneca Mo.</b>

DATE REC'D BY LOCAL REG. <b>5-19-49</b>	REGISTRAR'S SIGNATURE <b>Ed S. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Beddlesome</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4849  
52

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 .....  
Student Embalmer

Signed *W E Biddlecome*

Licensed Embalmer No. *2174*

P. O. Address *Seneca 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.