

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23831
 BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. Joplin Registrar's No. 232

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | | b. COUNTY Jasper | |
| c. LENGTH OF STAY (in this place) 17 Yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hospital | | d. STREET ADDRESS (If rural, give location) 2126 Grand Avenue | |

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|--|----------------------------|--------------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Ralph | b. (Middle) Fredrick | c. (Last) BEISNER | 4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949 |
|--|----------------------------|--------------------------------|-----------------------------|--|

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|--|------------------------------|--|--|--|---------------------------------------|---|--------------------------------------|------------------|
| 5. SEX Male | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 2, 1911 | 9. AGE (In years last birthday) 38 | IF UNDER 1 YEAR Months 4 | IF UNDER 4 HRS. Days 24 | IF UNDER 4 HRS. Hours 1 | Min. 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint Contractor | | 10b. KIND OF BUSINESS (OR INDUSTRY) Painting | | 11. BIRTHPLACE (State or foreign country) Lockwood, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |

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| 13a. FATHER'S NAME Fred Beisner | 13b. MOTHER'S MAIDEN NAME Nora Lasater | 14. NAME OF HUSBAND OR WIFE Lillie Bell Beisner |
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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) No | 16. SOCIAL SECURITY NO. 490-14-4444 | 17. INFORMANT'S SIGNATURE OR NAME Lillie Bell Beisner | ADDRESS 2126 Grand Joplin |
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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) Malnutrition | | 6 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) dearfeea DUE TO (c) _____ | | 2 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 5-7-1949 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) (Min.) | 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 26 July, 19 49, to 27 July, 19 49, that I last saw the deceased alive on 27 July, 19 49, and that death occurred at 5:45 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) [Signature] | 23b. ADDRESS Joplin Mo | 23c. DATE SIGNED 29 July 49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 30, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park | 24d. LOCATION (City, town, or county) (State) Joplin, Missouri |
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| DATE REC'D BY LOCAL REG. 8-2-49 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Thornhill-Dillon Mort. Joplin, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-9-49

Jasper County Health Office

County File Number 49-7-594

Date Filed 8-13-49

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 _____

Student Embalmer No. 325

working under my personal supervision.

Student Charles E. Frey
Student Embalmer

Signed Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin, 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.