

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27447

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		c. LENGTH OF STAY (in this place) 11		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon		6-1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weavers Nursing Home				d. STREET ADDRESS (If rural, give location) Eldon			
3. NAME OF DECEASED (Type or Print) SARAH		a. (First)		b. (Middle) WILLIE		c. (Last) BEESON	
4. DATE OF DEATH August 7, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 26, 1866		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Putman Co., Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John M Schuster	
13a. FATHER'S NAME John M Schuster		13b. MOTHER'S MAIDEN NAME Phoebe Goodrich		14. NAME OF HUSBAND OR WIFE Houston Beeson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frank Burlingame		ADDRESS Eldon, 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) Uremia, coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Parenchymatous 2 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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.	
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 Jan., 1948, to Aug. 7, 1949, that I last saw the deceased alive on Aug. 6, 1949, and that death occurred at 1:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE H. A. C. E. M.D.		(Degree or title)		23b. ADDRESS Eldon, Mo.		23c. DATE SIGNED Aug. 9, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenridge		24d. LOCATION (City, town, or county) (State) Eldon, Missouri	
DATE REC'D BY LOCAL REG. Aug. 9, 1949		REGISTRAR'S SIGNATURE Alberta Walters		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Phillips		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 15 1919
District Health Officer No. 9,
District File Number

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.....

Louis D. Phillips & Leo Whitaker

Student Embalmer No. 314

working under my personal supervision.

Student

Leo H. Whitaker
Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.