

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36653**

FILED DEC 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **71** PRIMARY REG. DIST. NO. **5387** Registrar's No. **128**

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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Fishing River 10 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Fishing River</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs R 1</b>		d. STREET ADDRESS (If rural, give location) <b>Excelsior Springs R 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeannette</b> b. (Middle) <b>Ann</b> c. (Last) <b>Beamer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 24-49</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>April 2, 1876</b>		9. AGE (In years last birthday) <b>73</b>		10. F UNDER 1 YEAR Days <b>7</b> F UNDER 11 HRS. Hours <b>22</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Alma Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US.</b>					

13a. FATHER'S NAME <b>Christopher Ellmøker</b>		13b. MOTHER'S MAIDEN NAME <b>Jemima Bear</b>		14. NAME OF HUSBAND OR WIFE <b>John A. Beamer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Beamer</b> ADDRESS <b>Rayville Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>One Hour</b>  <b>10 yrs.</b> <b>473X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> DUE TO (c) <b>Disease</b>		
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"/>	
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 **OCT 28, 1949**, to **NOV 24, 1949**, that I last saw the deceased alive on **Nov 24, 1949**, and that death occurred at **9:15 P.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James H. Shillingford, M.D.</b> (Degree or title)		23b. ADDRESS <b>Liberty, Mo.</b>		23c. DATE SIGNED <b>11-25-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	
24d. LOCATION (City, town, or county) (State) <b>Liberty Missouri</b>					

DATE REC'D BY LOCAL REG. <b>11/24/49</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James Beamer</b> ADDRESS <b>Beamer Co. Liberty Mo</b>	
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RECEIVED  
District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-9-49

**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. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Harold Gordon Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.