S. No. 300
v. 10.48

FILED APR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9597

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 3042 Registrar's No. 19

0621

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

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 201 West College

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown, 0621
d. STREET ADDRESS (If rural, give location): 201 West College

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WESLEY
c. (Last): BEELER

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5, 1950

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: APRIL 13, 1875
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: US.

13a. FATHER'S NAME: ELBERT BEELER
13b. MOTHER'S MAIDEN NAME: PHEBA RAGSDALE
14. NAME OF HUSBAND OR WIFE: BESSIE BEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-12-1209
17. INFORMANT'S SIGNATURE OR NAME: BESSIE BEELER, Fredericktown, Mo. ADDRESS

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) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 5 days.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

481X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 31, 1950, *to* APRIL 5, 1950, *that I last saw the deceased alive on* APRIL 5, 1950, *and that death occurred at* 6:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. Delezene D.O.
23b. ADDRESS: Fredericktown, Mo.
23c. DATE SIGNED: 4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL ()
24b. DATE: 4-8-50
24c. NAME OF CEMETERY OR CREMATORY: BROWN CEMETERY
24d. LOCATION (City, town, or county) (State): TANEY County, Missouri

DATE REC'D BY LOCAL REG.: 4-7-1950
REGISTRAR'S SIGNATURE: Florence Vicks 187
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sam Sajim, Jr., Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 12 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-554

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 Sam Najim, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.