

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **11828**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **77**

0042

0042

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY (If outside corporate limits, write RURAL and give township) Mexico	
c. LENGTH OF STAY (If in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1003 W. Breckenridge	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) W.	c. (Last) BEAMER	4. DATE OF DEATH (Month) (Day) (Year) April 19, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1873	9. AGE (In years) (Month) (Day) (Year) 76
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Braxton County, West Va.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John F. Beamer	13b. MOTHER'S MAIDEN NAME Nancy Morrison	14. NAME OF HUSBAND OR WIFE Amanda Beamer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Mrs Joe Kruse Mexico Mo	ADDRESS
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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) Cardiac failure		1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatous		6 mo.?
	DUE TO (c) Carcinoma of prostate		1 yr.?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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
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22. I hereby certify that I attended the deceased from **April 17, 1950**, to **April 19, 1950**, that I last saw the deceased alive on **April 19, 1950**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Kallenbach (Degree or title) M.D.	23b. ADDRESS Mexico Mo	23c. DATE SIGNED April 20, 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 50	24c. NAME OF CEMETERY OR CREMATORY Centralia	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. April 22-1950	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Pruss	ADDRESS Mexico, Mo.
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RECEIVED MAY 1 1950
District Health Officer No. 10
District File Number.....
Date Filed

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.

Signed.....
Student Embalmer

Signed Earl E. Prude
.....

Licensed Embalmer No. 3189
.....

P. O. Address Mexico, Mo.
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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.