

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23391**

FILED AUG 15 1950

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4217</b>		Registrar's No. <b>41</b>	
1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HENRY</b>			
b. CITY OR TOWN <b>W. RICH</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>W. RICH</b>		d. STREET ADDRESS (If rural, give location) <b>AT HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) <b>Mary Frances Beeman</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct 11 1868</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Geo W. Hale</b>		13b. MOTHER'S MAIDEN NAME <b>Lodovica Webster</b>		14. NAME OF HUSBAND OR WIFE <b>Salas H. Beeman</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>Bessie H. Skogs</b> ADDRESS <b>Anna Brook</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <b>12h</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) (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 <b>July 22, 1950</b> , to <b>Aug 5, 1950</b> , that I last saw the deceased alive on <b>Aug 5, 1950</b> , and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. F. W. Galbreath, M.D.</b>				23b. ADDRESS <b>Unick Mo.</b>		23c. DATE SIGNED <b>Aug 6-1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug-7-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Garden City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Garden City MO</b>	
DATE REC'D BY LOCAL REG. <b>Aug-8-50</b>		REGISTRARS SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Brown</b>		ADDRESS <b>Unick MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-14  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8-14-50

JUN 7  
1950

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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 R R Kenney

Licensed Embalmer No. 3059

P. O. Address Clinton 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.