

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30173

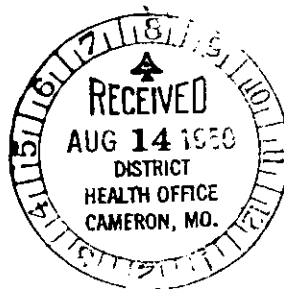
0410

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5483 Registrar's No. 621

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bethany)</u> c. LENGTH OF STAY (in this place) <u>3 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bethany)</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East of Bethany</u>	
3. NAME OF DECEASED a. (First) <u>James McGinnis</u> b. (Middle) <u>Beeks</u> c. (Last) <u>Beeks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-4-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-19-1887</u>
9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Samuel Beeks</u>		13b. MOTHER'S MARRIAGE NAME <u>Adella Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>Edith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>547-30-6616</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Beeks Hatfield Mo.</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Descending Colon</u> 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____		INTERVAL BETWEEN ONSET AND DEATH <u>15 hr.</u> <u>153X</u>	
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 ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>August 10, 1949</u> , to <u>Aug. 4</u> , 1950, that I last saw the deceased alive on <u>Aug 4</u> , 1950, and that death occurred at <u>6 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gilbert H. Throgmorton DO</u>		23b. ADDRESS <u>Bethany Mo.</u>	
23c. DATE SIGNED <u>8-8-50</u>		24. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-8-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8-1950</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. Bethany, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



SEP 20 1950

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.....

W.B. Hare

Signed.....

Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.