

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33799**
Registrar's No. **408**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. 33799		Registrar's No. 408									
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. LENGTH OF STAY (In this place) 13 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence											
d. FULL NAME OF HOSPITAL OR INSTITUTION 620 So. Willis				d. STREET ADDRESS (If rural, give location) 620 So. Willis													
3. NAME OF DECEASED (Type or Print) a. (First) MIONA			b. (Middle) JANE			c. (Last) BEAMAN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1950								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 23, 1872		9. AGE (In years last birthday) 77		10. MONTHS 7		11. DAYS 27		12. HOURS 1		13. MIN. 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Domestic				11. BIRTHPLACE (State or foreign country) Jasper, Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME George W. Milburn				13b. MOTHER'S MAIDEN NAME Susanna Winiger				14. NAME OF HUSBAND OR WIFE Owen W. Beaman									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Skinner, Indep., 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina Pectoris								INTERVAL BETWEEN ONSET AND DEATH hours years					
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) m.				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 10 days , 19 50 , to 20 Oct , 19 50 , that I last saw the deceased alive on 16 Oct , 19 50 , and that death occurred at 4 A. m. , from the causes and on the date stated above.																	
23a. SIGNATURE Anna G. Summers Davis M.D. (Degree or title)						23b. ADDRESS Independence, Mo.						23c. DATE SIGNED 20 Oct 1950					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 10/23/50				24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery				24d. LOCATION (City, town, or county) (State) Independence, Missouri					
DATE REC'D BY LOCAL REG. Oct. 21, 1950				REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks				ADDRESS Independence, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley M. Seaton.....

Licensed Embalmer No. 4504.....

P. O. Address Independence, Missouri.....

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.