

FILED JAN 10 1951

STANDARD CERTIFICATE OF DEATH

41866

State File No. 172

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>6032</u>		Registrar's No. <u>172</u>					
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Daniphan (Rural)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Daniphan (Rural)</u> <u>0910</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUS</u> b. (Middle) <u>ALEXANDER</u> c. (Last) <u>BEAM</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1950</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-1-1881</u>					
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>2</u>		11. DAYS <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY							
13a. FATHER'S NAME <u>DAVID BEAM</u>		13b. MOTHER'S MAIDEN NAME <u>SISIE ALEXANDER</u>		14. NAME OF HUSBAND OR WIFE <u>CORA S. BEAM</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Cora S. Beam</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial Thrombotic Condition</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>				19. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>NO</u>		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) (Minute) <u>12-27-1950</u>		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>1-1-1944</u> , to <u>12-27-1950</u> , that I last saw the deceased alive on <u>24-2-1950</u> , 19 <u>50</u> , and that death occurred at <u>2:15</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>W. H. Johnson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Daniphan, Mo.</u>		23c. DATE SIGNED <u>12-28-1950</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DANIPHAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DANIPHAN MISSOURI</u>					
DATE REC'D BY LOCAL REG. <u>12-30-50</u>		REGISTRAR'S SIGNATURE <u>E. D. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Edwards</u>		ADDRESS <u>DANIPHAN MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE NO.

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 _____

12-27-1950

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: Lee P. Lunkel

Licensed Embalmer No. 3475

P. O. Address Dorchester, Mass.

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.