

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9227**  
Registrar's No. **19**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY OR TOWN <b>Rural Anderson</b> c. LENGTH OF STAY (in this place) <b>109 days</b>		c. CITY OR TOWN <b>Rural Anderson</b> d. STREET ADDRESS (If rural, give location) <b>5 1/2 mi N.W. of Anderson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 1/2 mi N.W. of Anderson</b>			
3. NAME OF DECEASED a. (First) <b>DENVER</b> b. (Middle) <b>CLARENCE</b> c. (Last) <b>BEEBE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 31 1951</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-16-1895</b>
9. AGE (In years last birthday) <b>65</b>		10. MONTHS <b>8</b>	11. DAYS <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>carpenter &amp; joiner</b>	11. BIRTHPLACE (State or foreign country) <b>Anderson Co. Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Frank Beebe</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Barry</b>	
14. NAME OF HUSBAND OR WIFE <b>Minnie Beebe</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>441-05-5944</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Minnie Beebe</b>		ADDRESS <b>Anderson mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Bundle Branch Block</b>			
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bundle Branch Block</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> DUE TO (b) <b>Hypertension</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>Unknown</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>	
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 <b>3/31/51</b> , 19___, to <b>3/31/51</b> , 19___, that I last saw the deceased alive on <b>3/31/51</b> , 19___, and that death occurred at ___ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>Anderson MO</b>	
23c. DATE SIGNED <b>4/2/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-6-1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>2007. Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Blackwell Oklahoma</b>	
DATE REC'D BY LOCAL REG. <b>4-3-51</b>		REGISTRAR'S SIGNATURE <b>428</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Jatun Funeral Home Anderson mo.</b>		ADDRESS <b>R.E. Cheatham</b>	

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

6600  
1

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 4 1951

Dist. File 451-726

Date Filed 4-3-51

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.