

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9580

State File No.

BIRTH NO.		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>4410</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Phelps</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James</u>		c. LENGTH OF STAY (In this place) <u>Life time</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James, Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)			
a. (First) <u>Joel</u>			b. (Middle) <u>Alexander</u>			c. (Last) <u>Beezley</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 5 1951</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Sept 26, 1871</u>			9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>		IF UNDER 12 HRS. Hours <u>9</u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel Beezley</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Coppedge</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Beezley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Floy Beezley</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Hemorrhage</u>			II. OTHER SIGNIFICANT CONDITIONS				4500		
*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						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Arteriosclerosis</u>						
			DUE TO (c) <u>Chronic Rheumatism</u>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>710</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>710</u>			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? <u>710</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 1946</u> to <u>March 5, 1951</u> , that I last saw the deceased alive on <u>March 2, 1951</u> , and that death occurred at <u>9 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. C. Scott</u>				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>3/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 19, 51</u>		REGISTRAR'S SIGNATURE <u>Cora Birmingham</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>James Baker</u>		ADDRESS <u>St. James, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48080
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RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed March 28, 1951

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 _____

C. Jesse Isahr

Signed _____

Student Embalmer

Licensed Embalmer No. 20486

P. O. Address Ph. James, 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.