

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20835

State File No. _____

FILED JUL 11 1952

REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oronogo (Rural) 8490	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		d. STREET ADDRESS (If rural, give location) Rt 1	
3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) JEFF c. (Last) BEETS			4. DATE OF DEATH June 25, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 22, 1952
9. AGE (In years last birthday) 0		10. MONTHS 0	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jeff Beets		13b. MOTHER'S MAIDEN NAME Vivian Frezell	
14. NAME OF HUSBAND OR WIFE None			
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.	
17. INFORMANT'S SIGNATURE OR NAME Jeff Beets		ADDRESS Oronogo Rt 1, Missouri	
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) Intra cranial hemorrhage 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: 7600	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 June 22, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Campbellson		23b. ADDRESS Webb City Mo	
23c. DATE SIGNED 6/26/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-52	
24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. 7-7-52		REGISTRAR'S SIGNATURE Ed O. James 138	
25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

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

RECEIVED 7-9-52

Jasper County Health Office

County File Number 52/7/531

Date Filed 7-10-52

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 _____

Leonard J. Lewis Jr.

Licensed Embalmer No. 4541

P. O. Address Webb City, Mo.

*No actual embalming. Cavity
and cotta pack.*

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.