

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 8 1953

REG. DIST. NO. 10

PRIMARY REG. DIST. NO. 3002

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Centralia</b>	
c. LENGTH OF STAY (in this place) <b>3 Hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. #3 five miles north</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Audrain County Hospital</b>			
3. NAME OF DECEASED (Type or Print) <b>Elmer</b>		b. (Middle) <b>Forest</b>	
c. (Last) <b>BEEMAN</b>		4. DATE (Month) (Day) (Year) OF DEATH <b>April 2, 1953</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>12-30-1896</b>
9. AGE (In years last birthday) <b>56</b>		10. MONTHS <b>3</b>	11. DAYS <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Tracy, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Homer E. Beeman</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Erickson</b>	
14. NAME OF HUSBAND OR WIFE <b>Lana Rust</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Elmer F. Beeman</b>	
ADDRESS <b>Centralia, Mo.</b>		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.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inquest with jury, died from shotgun wounds, in chest, neck, face, and head, inflicted with felonious intent, gun held in the hands of Lanzie Righter</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) <b>Death occurred at Audrain Co. Hosp.</b>  DUE TO (c) <b>Death occurred at Audrain Co. Hosp.</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>  19a. DATE OF OPERATION <b>April 2, 1953</b>	
19b. MAJOR FINDINGS OF OPERATION <b>Deceased was attended by Harold D. Lankford MD</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Wilson twp.</b> (COUNTY) <b>Audrain</b> (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 2 9:30</b>	21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> HOME <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Shot intentionally, with 12 ga. shotgun</b>	
22. I hereby certify that I attended the deceased from <b>Coroner's case</b> , to <b>12:15 p.m.</b> , that I last saw the deceased <b>shotgun</b> on <b>April 2, 1953</b> , and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>S. C. Adams, M.D., Coroner</b>		23b. ADDRESS <b>Mexico, Mo. Rt. #1</b>	
23c. DATE SIGNED <b>4/3/53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-4-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Centralia Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Centralia Mo.</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Blanche Neely</b>	
DATE REC'D BY LOCAL REG. <b>April 4-1953</b>		ADDRESS <b>Centralia Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

APR 10 1953

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

*Bill J. Mendor*

Licensed Embalmer No. 4876

P. O. Address Centralia, 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.