

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15405

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Salem Mo.)		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence				e. STREET ADDRESS (If rural, give location) North Grand Ave. Salem Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Ceburn c. (Last) Beezley			4. DATE OF DEATH (Month) May (Day) 17 (Year) 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 25-1895	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Dealer		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Oil		11. BIRTHPLACE (City and State or Foreign Country) Dent County Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Sherod Beezley		13b. MOTHER'S MAIDEN NAME Docia Vaughn		14. NAME OF HUSBAND OR WIFE Rutealia Beezley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rutealia Beezley Salem MO.			
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) Ac ute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Not known 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4201	
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 May 17 54, to May 17, 1954, that I last saw the deceased alive on May 17, 1954 and that death occurred at 10 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph R. Burnett MD				23b. ADDRESS Salem, Missouri.		23c. DATE SIGNED 5/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-54	24c. NAME OF CEMETERY OR CREMATORY Roberts		24d. LOCATION (City, town, or county) (State) Crawford County Mo.		
DATE REC'D BY LOCAL REG. 5-20-54		REGISTRAR'S SIGNATURE m. m. Hart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl W. Spencer			

(Licensed Embalmer's Statement on Reverse Side)

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

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2981 8 NDF

JUN 10 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Carl H. Jensen

Licensed Embalmer No.....

P. O. Address.....
Alm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.