

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**36784**

State File No. ....

No. 300  
10-48

**FILED NOV 17 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 5-9 PRIMARY REG. DIST. NO. 5-221 Registrar's No. 180

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cass</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Dayton</u>		c. CITY OR TOWN <u>Dayton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>12 years</u>		e. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Ann</u> c. (Last) <u>Beaman</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 10 1954</u>		
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 11, 1914</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	<b>10. MONTHS</b> _____	<b>11. DAYS</b> _____	<b>12. IF UNDER 24 HRS.</b> _____	<b>13. IF UNDER 24 HRS.</b> _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Morgan County, Mo</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
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<b>13a. FATHER'S NAME</b> <u>Wm Hatfield</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy Adair</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>James J Beaman</u>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) _____		<b>16. SOCIAL SECURITY NO.</b> <input checked="" type="checkbox"/>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>James J Beaman</u>		<b>ADDRESS</b> <u>Dayton, Mo</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) _____		<u>Cerebral hemorrhage</u>				<u>10 min.</u>	
<b>ANTECEDENT CAUSES</b>		<b>DUE TO (b)</b> _____				_____	
_____		<b>DUE TO (c)</b> _____				_____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b>		<b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				_____	
_____		_____				_____	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Dayton Cass Mo.</u>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
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**22. I hereby certify that I attended the deceased from** Feb 20, 1950, to 11-10, 1954, that I last saw the deceased alive on Sept 24, 1954, and that death occurred at 8:30 A m., from the causes and on the date stated above.

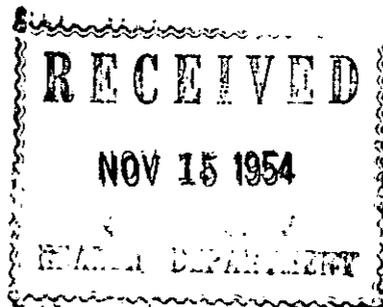
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. Adrian M.</u>		<b>23b. ADDRESS</b> _____		<b>23c. DATE SIGNED</b> <u>11-10-54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11-14-54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Altana Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Altana, Mo</u>	
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<b>DATE REC'D BY LOCAL REG</b> <u>Nov. 11, 1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Dora Barward</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ronald's Creighton</u>		<b>ADDRESS</b> <u>Nov 10, 1954</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190



**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.....  
Signature of Student Embalmer

Signed..... *Erwin R. Arnold*

Licensed Embalmer No.. *492*

P. O. Address *Creighton,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.