

FILED JUL 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. 23034

BIRTH NO. 89551-55 REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Maryville		c. CITY OR TOWN Hopkins	
c. LENGTH OF STAY (in this place) 6 hours		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		STREET ADDRESS (If rural, give location) 0140	

3. NAME OF DECEASED a. (First) Helen		b. (Middle) Louise		c. (Last) Beason		4. DATE OF DEATH July 8, 1955	
---	--	--------------------	--	------------------	--	-------------------------------	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 14, 1954		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 6 Days 24		IF UNDER 24 HRS. Hours Min.	
---------------	--	------------------------	--	---	--	--------------------------------	--	-----------------------------------	--	----------------------------------	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	-----------------------------------	--	---	--	-------------------------------------	--

13a. FATHER'S NAME Howard Beason		13b. MOTHER'S MAIDEN NAME Roberta Reed		14. NAME OF HUSBAND OR WIFE -----	
----------------------------------	--	--	--	-----------------------------------	--

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. none		17. INFORMANT'S SIGNATURE OR NAME Howard Beason		ADDRESS Hopkins, 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				INTERVAL BETWEEN ONSET AND DEATH 6 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea intraeclib		ANTECEDENT CAUSES		DUE TO (b) Due to food poisoning			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 0492				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)	
--	--	--	--	--	--

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	
---	--	--	--	---------------------------	--

22. I hereby certify that I attended the deceased from July 8, 1955, to July 8, 1955, that I last saw the deceased alive on July 8, 1955, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. J. Jones M.D.		23b. ADDRESS Maryville Mo		23c. DATE SIGNED 7/9/55	
---	--	---------------------------	--	-------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, MO.	
--	--	-------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 7-16-55		REGISTRAR'S SIGNATURE Beason		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins, Mo.	
----------------------------------	--	------------------------------	--	--	--	----------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Stanley Swanson*.....
Licensed Embalmer No. *396*
P. O. Address *Hopkins*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.