

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4611
State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 700

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City	c. LENGTH OF STAY (In this place) 12 yrs.	c. CITY OR TOWN Kansas City	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 Queen of the World		e. STREET ADDRESS (If rural, give location) 2317 Troost	
3. NAME OF DECEASED (Type or Print) a. (First) Mattie b. (Middle) Lee c. (Last) Beamon		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1956	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1909
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid	11. BIRTHPLACE (City and State or Foreign Country) Paris, Texas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marshall Wiggs		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Samuel Beamon	
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. 500-28-2793		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel Beamon 2317 Troost	

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) Meningitis & Encephalitis ANTECEDENT CAUSES Non specific Extra-dural Spinal Cord Granuloma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cord Granuloma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 weeks 026.5 ?	
---	--	--	--	--	--

19a. DATE OF OPERATION 11/28/55		19b. MAJOR FINDINGS OF OPERATION Extra-dural Granuloma, Type Non specific, L-1		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 Oct, 1955, to Feb 14, 1956, that I last saw the deceased alive on Feb 14, 1956, and that death occurred at 12:25A m., from the causes and on the date stated above.

23a. SIGNATURE Carl M. Peterson (Degree or title) MD		23b. ADDRESS 2462 A Brooklyn		23c. DATE SIGNED 2/15/56	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/16/56		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Paris, Texas	
---	--	-----------------------------	--	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. 2-16-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter's Bros. 18th & Beaton	
--	--	---	--	---	--

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

Student.....
Signature of Student Embalmer

Signed *Bruce Q. Watkins*.....

Licensed Embalmer No. *450*.....

P. O. Address *18th & Be*.....

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.