

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16989

State File No.

FILED JUN 12 1956

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>	
b. CITY OR TOWN <u>MARCELINE</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>MARCELINE</u>	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 <u>917 N. KANSAS</u>		STREET ADDRESS (If rural, give location) <u>917 N. KANSAS</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CONWAY</u>	b. (Middle) <u>JESSE</u>	c. (Last) <u>BEEBE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 12 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-17-1898</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROADER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ATSF Rwy.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EDON, OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ALCUNUS BEEBE</u>	13b. MOTHER'S MAIDEN NAME <u>SUSIE STAFFORD</u>	14. NAME OF HUSBAND OR WIFE <u>ARABELLE BEEBE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Conway Beebe</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of head of Pancreas & metastases to liver and omentum.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to liver and</u> DUE TO (c) <u>omentum.</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1956, to May 12, 1956, that I last saw the deceased alive on May 12, 1956, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Jaynes</u> (Degree or title)	23b. ADDRESS <u>Marceline Missouri</u>	23c. DATE SIGNED <u>5-13-56</u>
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24a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>	24b. DATE <u>5-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET</u>	24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u>
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DATE REC'D BY LOCAL REG. <u>5-14-56</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Ridgway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Tedator</u>	ADDRESS <u>Marceline, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 12 2 1950

1951 12 2 1950

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... *Libburn K. Tella*

Licensed Embalmer No. *45*

P. O. Address *Marcel*

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.