FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17339

State File No.

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4-424 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville 0
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dimmett Memoral Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk 0841
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bolivar 0
d. STREET ADDRESS (If rural, give location): 116 Lillian

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Gertrude
c. (Last): Beaman

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Dec 9, 1879
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 5 Days 9
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Butler, Mo. Bates County 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John H. Beaman
13b. MOTHER'S MAIDEN NAME: Anna L. Boyts
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Leona Vanderford Bolivar, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Disease - Cerebral Vascular accident

DUE TO (c) Wassermann ++++

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: 442xB
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 1954, *to* May 15, 1956, *that I last saw the deceased alive on* May 15, 1956, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. D. Smith M.D.
23b. ADDRESS: Bolivar Mo
23c. DATE SIGNED: 5-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/20/1956
24c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead Cemetery
24d. LOCATION (City, town, or county) (State): S.E. Bolivar, Missouri

DATE REC'D BY LOCAL REG.: 5-29-1956
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ernest Blue Bolivar 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Oby Justus

Licensed Embalmer No. 4154

P. O. Address Bolivar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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