

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25903

State File No. 25903

|                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                |  |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                               |  | REG. DIST. NO. <u>10</u>                                                                                                                                                                                                                                                                          |  | PRIMARY REG. DIST. NO. <u>3002</u>                                                                                                             |  | Registrar's No. <u>168</u>                                                                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>AUDRAIN</u>                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>AUDRAIN</u> |  |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>MEXICO</u>                                                                                                                                                                         |  | c. LENGTH OF STAY (In this place)<br><u>3 DAYS</u>                                                                                                                                                                                                                                                |  | c. CITY OR TOWN <u>FARBER</u>                                                                                                                  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN HOSPITAL</u>                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                   |  | e. STREET ADDRESS (If rural, give location)<br><u>ed 401</u>                                                                                   |  |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>a. (First) <u>WILLIAM</u>                                                                                                                                                                                                              |  | b. (Middle) <u>FRANK</u>                                                                                                                                                                                                                                                                          |  | c. (Last) <u>BEEBY</u>                                                                                                                         |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>8 20 1956</u>                                                                            |  |
| 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>10-14-1871</u>                                                                                                   |  |
| 9. AGE (In years last birthday) <u>84</u>                                                                                                                                                                                                                     |  | 10. UNDER 1 YEAR Days <u>10</u>                                                                                                                                                                                                                                                                   |  | 11. UNDER 1 HRS. Hours <u>6</u>                                                                                                                |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMING</u>                                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARMING</u>                                                                                                                                                                                                                                               |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>FARBER, MISSOURI</u>                                                                  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                                                                           |  |
| 13a. FATHER'S NAME<br><u>CHARLES BEEBY</u>                                                                                                                                                                                                                    |  | 13b. MOTHER'S MAIDEN NAME<br><u>ADDIE ROACH</u>                                                                                                                                                                                                                                                   |  | 14. NAME OF HUSBAND OR WIFE<br><u>IDA MAY BEEBY</u>                                                                                            |  |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO. <u>494-42-3992</u>                                                                                                                                                                                                                                                        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>MRS. IDA MAY BEEBY BARBER, MO.</u>                                                             |  |                                                                                                                                      |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro vascular accident</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma metastasis</u><br>DUE TO (c) <u>Carcinoma stomach</u> |  |                                                                                                                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u><br><u>3 months</u><br><u>1 year</u>                                                |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                        |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                  |  |                                                                                                                                                |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                      |  | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                          |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                |  | 21d. HOW DID INJURY OCCUR                                                                                                            |  |
| 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 <u>June 8, 1955</u> , to <u>Aug 20, 1956</u> , that I last saw the deceased alive on <u>Aug 20, 1956</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                |  |                                                                                                                                      |  |
| 23a. SIGNATURE <u>W. L. Laddonia</u>                                                                                                                                                                                                                          |  | (Degree or title) <u>M.D.</u>                                                                                                                                                                                                                                                                     |  | 23b. ADDRESS <u>401 - 146 -</u>                                                                                                                |  | 23c. DATE SIGNED <u>Aug 22-56</u>                                                                                                    |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                    |  | 24b. DATE <u>8-22-1956</u>                                                                                                                                                                                                                                                                        |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>LADDONIA CEMETERY</u>                                                                                 |  | 24d. LOCATION (City, town, or county) (State)<br><u>LADDONIA, MISSOURI</u>                                                           |  |
| DATE REC'D BY LOCAL REG. <u>Aug 22-1956</u>                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <u>Blanche Neely</u>                                                                                                                                                                                                                                                        |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Willie Brinkhoff Laddonia Mo</u>                                                                |  |                                                                                                                                      |  |

(Licensed Embalmer's Statement on Reverse Side)

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

9-0

1956 § 100

### 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.....  
Clyde L. Weir

Licensed Embalmer No. 3820

P. O. Address Perry, Va.

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.