

FILED AUG 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. **25961**  
Registrar's No. **114**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5095**

1. PLACE OF DEATH  
a. COUNTY **Bates**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Jasper**

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **rural - Mineo - Twp**

c. LENGTH OF STAY (in this place)  
**2 days**

c. CITY OR TOWN **Carthage**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**16 miles N.E. - Adrian, Mo.**

e. STREET ADDRESS (If rural, give location)  
**851 East 5th. Street**

3. NAME OF DECEASED  
a. (First) **Nellie** b. (Middle) **Mae** c. (Last) **Beeson**

4. DATE OF DEATH  
(Month) (Day) (Year)  
**8 20 1956**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Widowed**

8. DATE OF BIRTH  
**March 28, 1876**

9. AGE (In years last birthday)  
**80**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
**Neosho, Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Daniel Morgan**

13b. MOTHER'S MAIDEN NAME  
**Mary Ellen Collins**

14. NAME OF HUSBAND OR WIFE  
**Alfred Beeson**

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  
**Mrs. Mabel C. Thornburg-Adrian, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Myocardial arrest.**  
INTERVAL BETWEEN ONSET AND DEATH **minutes**  
ANTECEDENT CAUSES  
DUE TO (b) **Chronic myocarditis** **1 yr +**  
DUE TO (c) **Arteriosclerosis** **10 yrs.**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)  
**H221**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 **Aug 19, 1956**, to **Aug 20, 1956**, that I last saw the deceased alive on **Aug 20, 1956**, and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**D. J. Colson**

23b. ADDRESS  
**Adrian, Mo.**

23c. DATE SIGNED  
**Aug 22 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**8-22-1956**

24c. NAME OF CEMETERY OR CREMATORY  
**Garden City Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Garden City, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
**Aug 22 1956**

REGISTRAR'S SIGNATURE  
**Rendell Perry**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Adrian - Liberty - Garden City, Mo.**

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

17-0

AUG 29 1956

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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..... *Billy J. Hickey*

Licensed Embalmer No. *4685*

P. O. Address *Harlan City*

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.