

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37458

STATE FILE NUMBER

FILED NOV 23 1956

Registration District No.

93

Primary Registration District No.

5331

Registrar's No.

56-73

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Cedar Township TOWN Cedar Township		c. CITY OR TOWN Lockwood Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR In a truck near his home INSTITUTION his home		d. STREET ADDRESS Route 1 (If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) CLEO		4. DATE OF DEATH Nov. 9, 1956 Month Nov. Day 9 Year 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug. 20, 1923
9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and state or country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Roy K. Beeson		14. MOTHER'S MAIDEN NAME Josephine Morgan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Cleo Beeson, Route 1, Lockwood, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute alcoholism with cerebral edema & pulmonary edema Subependymal cerebral cellular Alterations Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Questionable carbon monoxide poisoning?			
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3220	
20c. TIME OF INJURY Hour 3 Month 2 Day 2 Year 0 a. m. 0 p. m. 0			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Greenfield, Missouri		COUNTY Greenfield STATE Missouri	
21. I attended the deceased from Pathologist Report preformed 11-10-56 Death occurred at approximately 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE J. C. Canada, Local Registrar		22b. ADDRESS Greenfield, Missouri	
22c. DATE SIGNED 11-13-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 14, 1956	
23c. NAME OF CEMETERY OR CREMATORY Corinth Cem.		23d. LOCATION (City, town, or county) (State) Cassville, Missouri	
24. FUNERAL DIRECTOR Culver Funeral Home, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 11-13-56	
26. REGISTRAR'S SIGNATURE J. C. Canada			

(Licensed Embalmer's Statement on Reverse Side)

Autopsied by - Dr. F. C. Collier
Springfield, Mo.

Date of Autopsy November 10, 1956

NOV 28 1956
RECEIVED

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 *Clarence H. Childs*

Licensed Embalmer No. *39*

P. O. Address *Lebanon, Mo.*

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.