

FILED JUL 1 1957

STANDARD CERTIFICATE OF DEATH

State File No. 20285

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 21

0150

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage Beach - Osage</u>		c. CITY OR TOWN <u>Osage Beach</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Lake Road 20A</u> 0150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Road 20A</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Beekmann</u> c. (Last) <u>Beekmann</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 25 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 9 - 1870</u>
9. AGE (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commissioner Atlantic Iowa</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Casper Beekmann</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Schain</u>	
14. NAME OF HUSBAND OR WIFE <u>Minnie Beekmann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed. P. Piggass</u>		ADDRESS <u>Osage Beach Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES <u>With metastases</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		177X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u></u>			
22. I hereby certify that I attended the deceased from <u>June 11, 1957</u> , to <u>June 25, 1957</u> , that I last saw the deceased alive on <u>June 25, 1957</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Wm. A. Wayland M.D.</u> (Degree or title)		23b. ADDRESS <u>Camdenton Mo</u>	
23c. DATE SIGNED <u>6-26-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 27-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Atlantic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atlantic Iowa</u>	
DATE REC'D BY LOCAL REG. <u>June 26 1957</u>		REGISTRAR'S SIGNATURE <u>Gilpe J. Straw</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolley</u>		ADDRESS <u>Camdenton Mo</u>	

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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 *Robert H Reed*.....

Licensed Embalmer No. *3745*.....

P. O. Address *Camden*.....

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.