

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20442

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3815 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <b>MO</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAMERON</b>	c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY OR TOWN <b>CAMERON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CAMERON COMM. HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>RR #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD GEORGE</b> b. (Middle) <b>BEECHNER</b> c. (Last) <b>BEECHNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 25 1957</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 22 1890</b>	9. AGE (In years last birthday) <b>77</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 WKS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CLINTON Co MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>EDWARD BEECHNER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH GROH</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA MARIE BEECHNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>494-40-8496</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Maurice Beechner, Painesville Ill.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>  <b>5 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis.</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>1</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <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 **6/23**, 19**57**, to **6/25**, 19**57**, that I last saw the deceased alive on **6/25**, 19**57**, and that death occurred at **4a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>Camerton Mo</b>	23c. DATE SIGNED <b>6/25/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 30 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>
24d. LOCATION (City, town, or county) (State) <b>Camerton Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Poland Funeral Home Camerton</b>	
DATE REC'D BY LOCAL REG. <b>6-30-57</b>	REGISTRAR'S SIGNATURE <b>Francis Crawford</b>	

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.....  
Signature of Student Embalmer

Signed..... *Robert F. Palomb.*

Licensed Embalmer No. *477*  
*222 West 8th*

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

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.