

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

566
STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 62 Primary Registration District No. 4408 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stockton</u>		c. CITY OR TOWN <u>Stockton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>106 North St.</u>		d. STREET ADDRESS <u>106 North St.</u>	

3. NAME OF DECEASED (Type or print) First <u>LEONARD</u> Middle <u>CHARLES</u> Last <u>BEASON</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>16,</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 10, 1885</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>1</u> Day <u>6</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 Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Humansville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>Calvin Beason</u>			14. MOTHER'S MAIDEN NAME <u>Susan E. Beatty</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Nora Beason, Stockton, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line in (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Almonerular nephritis</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Myocardial degeneration.</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>443 X</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Jan 2 '58</u> to <u>Jan 16 '58</u> and last saw her alive on <u>Jan 14 '58</u> Death occurred at <u>6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE <u>Dr. O. Cowan M.D.</u>		22b. ADDRESS <u>Greenfield Mrs</u>	22c. DATE SIGNED <u>1-18-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-19-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>
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24. FUNERAL DIRECTOR <u>Callon Funeral Home, Stockton, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-24-58</u>	26. REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>
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(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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.....
J. G. Cantlon

Licensed Embalmer No. *43*

P. O. Address *Stettin*

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.