

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026384

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 251 Primary Registration District No. 4370 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY NODOWAY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NODOWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN CLEARMONT CLEARMONT Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CLEARMONT, MISSOURI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION WALL IN NURSING HOME		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE BEAM			4. DATE OF DEATH Month Day Year 6-26-58			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-26-1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH	11. BIRTHPLACE (City and state or country) CARROLL, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.		

13. FATHER'S NAME RICHARD BEAM		14. MOTHER'S MAIDEN NAME (UNKNOWN) REEVES	
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. 479-18-7714	17. INFORMANT Address JULIA MORRISON BRADYVILLE IOWA

MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis with organic brain damage.			INTERVAL BETWEEN ONSET AND DEATH years.
	DUE TO (b) and-Phreny retention New Lt 610X			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Prostate Hypertrophy - Semilethargy.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	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 JULY 22, 1957 to JUNE 6, 1958 and last saw ^{him} alive on 6/6/58 Death occurred at 4:00PM 6/26/58 m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Date or title) Francis Ford M.D.		22b. ADDRESS Clearmont Mo.		22c. DATE SIGNED Jul 22-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JUNE 30 1958	23c. NAME OF CEMETERY OR CREMATORY CLEARMONT	23d. LOCATION (City, town, or county) (State) CLEARMONT MO	
24. FUNERAL DIRECTOR ADDRESS J. R. HANN BURLINGTON		25. DATE RECD. BY LOCAL REG. JCP Mo 7-28-58	26. REGISTRAR'S SIGNATURE Bess Bolt	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service

300 1-56 4

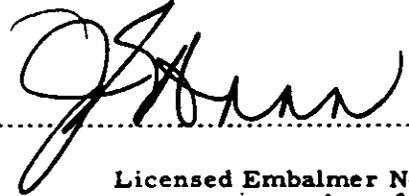
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....


Licensed Embalmer No. 296

P. O. Address Burl. Ill.

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.