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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029749
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural- New Madrid Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Approx 2ms E.N.M. Length of stay in lb Few Hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN New Madrid 0721 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 941 Mott Street Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Billy Middle Harold Last Beebe

4. DATE OF DEATH Month August Day 25, Year 1958

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Jan 16, 1940
9. AGE (In years last birthday) 18 IF UNDER 1 YEAR Months 7 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Deering, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Benjaman Beebe
13b. MOTHER'S MAIDEN NAME Lucille Clark
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 492-42-0150
17. INFORMANT Address Benjaman Beebe, New Madrid, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) No Medical Attendant, by all records, death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) was due to being shot by shot-gun, in the head,
DUE TO (c) behind the left ear. 9198 43
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidently shot himself while hunting.
20c. TIME OF INJURY Hour Month, Day, Year Aug. 25, 58 p.m. Approx 3:30
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.) in woods E.New Madrid
20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural New Madrid Twp. New Madrid, Mo. 072

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. S. Hedgepeth Coroner
22b. ADDRESS New Madrid, Missouri
22c. DATE SIGNED Aug-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 27 Aug.58
23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
23d. LOCATION (City, town, or county) (State) New Madrid, Missouri

24. FUNERAL DIRECTOR ADDRESS Richards Undertaking Co. New Madrid, Mo.
25. DATE RECD. BY LOCAL REG. Aug 25, 1958
26. REGISTRAR'S SIGNATURE Fay Hedgepeth

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 29 1958

DATE RECEIVED SEP 8 1958
NEW MADRID CO. HEALTH CENTER
R. J. S.

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 Tommy L. Dorsey

Licensed Embalmer No. 4886

P. O. Address New Madrid

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.