

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044741

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 88

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-57

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CONCORDIA 0548 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 MI WEST		Length of stay in 1b 72 yrs	d. STREET ADDRESS (If outside, give location) 2 1/2 MI WEST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARIE Middle LOUISE Last BEERMAN			4. DATE OF DEATH Month DEC Day 19 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 31, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) CONCORDIA, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME FREDRICK NIEMEYER		13b. MOTHER'S MAIDEN NAME LOUISE LOMMA		14. NAME OF HUSBAND OR WIFE MARTIN BEERMAN <i>Deceased</i>	
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. No	17. INFORMANT HERBERT BEERMAN Address CONCORDIA, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary disease & hypertension	Several hrs
	DUE TO (c) 4201H	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Concomitant of heart & pulmonary metastases		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 <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 CONCORDIA COUNTY MO STATE MO
21. I attended the deceased from Oct 2, 1949 to Dec 19, 1958 and last saw her alive on Nov 24, 1958 Death occurred at 8:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. Brady MD (Degree or title)	22b. ADDRESS Concordia, Mo	22c. DATE SIGNED 12/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-29-1958	23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	23d. LOCATION (City, town, or county) (State) CONCORDIA MO
24. FUNERAL DIRECTOR E. S. Hanna ADDRESS Concordia Mo		25. DATE RECD. BY LOCAL REG. Dec. 22, 1958	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

55
6

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed E. S. Johnson.....

Licensed Embalmer No. 205-8.....

P. O. Address Concordia.....M

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.