Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004088

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 322 Primary Registration District No. 4472 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miami — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Miami 0778 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b 66yr.	d. STREET ADDRESS (If outside, give location) Miami, Missouri — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Laura	Middle Brown	Last Phillips Beason	4. DATE OF DEATH Month January Day 22 Year 1959
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH March 31, 1881
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 10 Days 21	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Carroll County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Pias Phillips	13b. MOTHER'S MAIDEN NAME Margaret Jacques	14. NAME OF HUSBAND OR ~~WIFE~~ Clark Paris Beason	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss. Magaret Beason, Miami, Missouri	Address

MEDICAL CERTIFICATION

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)	Congestive Heart Failure	5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	5 years
DUE TO (c)	Arteriosclerosis	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to January 22 and last saw her alive on Jan. 22, 1959

Death occurred at 11:30p: m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A H Sullivan M.D.	22b. ADDRESS Miami, Missouri	22c. DATE SIGNED 1-25-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/25/59	23c. NAME OF CEMETERY OR CREMATORY Miami Cemetery.	23d. LOCATION (City, town, or county) (State) Miami, Missouri
24. FUNERAL DIRECTOR George H. Green, Marshall Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-27, '59	26. REGISTRAR'S SIGNATURE Mrs. Earl C. Metz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 9 1958

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.~~ .....

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.