DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–021093
STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: HARRISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: White OAK
Length of stay in 1b: 34 RS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: HARRISON
c. CITY OR TOWN: New HAMPTON
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Virgil Middle: Edward Last: BEAMAN
4. DATE OF DEATH: Month 7 Day 4 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-1-1911
9. AGE (last birthday): 48
IF UNDER 1 YEAR: Months 6 Days 3
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GAS STATION operator
10b. KIND OF BUSINESS OR INDUSTRY: GAS & Oil
11. BIRTHPLACE (City and state or country): BRIMSON Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward BEAMAN
13b. MOTHER'S MAIDEN NAME: MARY JANE LAMP
14. NAME OF HUSBAND OR WIFE: Madeline BEAMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 500-09-6819
17. INFORMANT: Madeline BEAMAN Address: NEW HAMPTON Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Paratoid and Face On left — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 9-26-58, to 7-4-59 and last saw her alive on 7-3-59
Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. M. Thorpe (Degree or title) D.O.
22b. ADDRESS: Bethany, Missouri
22c. DATE SIGNED: 7-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-6-1959
23c. NAME OF CEMETERY OR CREMATORY: Antioch
23d. LOCATION (City, town, or county) (State): NEAR Bethany Mo
24. FUNERAL DIRECTOR: S. M. Haas ADDRESS: Bethany Mo
25. DATE RECD. BY LOCAL REG.: 7-6-1959
26. REGISTRAR'S SIGNATURE: Ella Mayes

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed S. M. Haas

Signature of Student Embalmer

Licensed Embalmer No. 107

P. O. Address Bethe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.