

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004296

Birth 86

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 15

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED VS FEB 10 1961

1. **PLACE OF DEATH**
 a. COUNTY **Scott**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Sikeston** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Mo. Delta Comm. Hospital** Inside Limits Yes No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY **SCOTT**
 c. CITY OR TOWN **SIKESTON** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **R 70 #4** Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last 4. **DATE OF DEATH** Month Day Year
BOBBY CARL BEESON, JR. 1 28 1961

5. **SEX** Male 6. **COLOR OR RACE** White 7. Married Never Married Widowed Divorced 8. **DATE OF BIRTH** 1-28-61 9. **AGE** (last birthday) 15 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **DRIVER** 10b. **KIND OF BUSINESS OR INDUSTRY** 11. **BIRTHPLACE** (City and state or country) **SIKESTON - MO** 12. **CITIZEN OF WHAT COUNTRY** **USA**

13a. **FATHER'S NAME** **BOBBY CARL BEESON SR** 13b. **MOTHER'S MAIDEN NAME** **EVANGELINE MARTINEZ** 14. **NAME OF HUSBAND OR WIFE** _____

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.** _____ 17. **INFORMANT** **B.C. Beeson Sr - Sikeston Mo R #4** Address _____

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b) and (c).
 PART I. **DEATH WAS CAUSED BY:**
 IMMEDIATE CAUSE (a) **Pulmonary atelectasis** INTERVAL BETWEEN ONSET AND DEATH **3 hours**
 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 _____ Month, Day, Year _____ a.m. p.m.

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 **1-28-61** to **1-28-61** and last saw him alive on **1-28-61**.
 Death occurred at **4:40 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** **L. S. Darns, M.D.** (Degree or title) 22b. **ADDRESS** **Morehouse, Mo.** 22c. **DATE SIGNED** **1-30-61**

23a. **BURIAL, CREMATION, REMOVAL** (Specify) **BURIAL** 23b. **DATE** **1-29-61** 23c. **NAME OF CEMETERY OR CREMATORY** **MEMORIAL PARK** 23d. **LOCATION** (City, town, or county) (State) **SIKESTON MO**

24. **FUNERAL DIRECTOR** **Welch Funeral Home - Sikeston Mo.** ADDRESS _____ 25. **DATE RECD. BY LOCAL REG.** **1-31-61** 26. **REGISTRAR'S SIGNATURE** **Mrs. Della Hunter**

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Likerton Mo

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.