

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033519

STATE FILE NUMBER

AMENDED

Registration District No. 380 Primary Registration District No. 3099 Registrar's No. 48

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u> | | Length of stay in lb <u>47 yrs.</u> | c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>413 Brunswick</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>413 Brunswick</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRED ALBERT BEASON</u> | | | 4. DATE OF DEATH <u>September 9, 1961</u> Month Day Year | | | |
|---|--|--|--|--|--|--|

| | | | | | | | |
|--------------------|-------------------------------|---|------------------------------------|-------------------------------------|--|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/11/1885</u> | 9. AGE (last birth) (day) <u>75</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u> Hours <u></u> Min. <u></u> | | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|------------------------------------|-------------------------------------|--|--|--|

| | | | |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tack Presser</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Brown shoe factory</u> | 11. BIRTHPLACE (City and state or country) <u>Keota, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.-A.</u> |
|---|---|---|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Harve Beason</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Tuttle</u> | 14. NAME OF HUSBAND OR WIFE <u>Clara Beason</u> |
|--|---|---|

| | | |
|--|---------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u></u> | 17. INFORMANT <u>Clara Beason, Brookfield, Mo.</u> 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) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>years</u> |
| DUE TO (b) <u>Hypertension</u> | | |
| DUE TO (c) <u></u> | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | |
|--|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 <u></u> s.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> | 20d. INJURY OCCURRED WHILE AT WORK <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.) <u></u> | 20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u> |
|---|--|--|---|

21. I attended the deceased from Sept 1947 to Sept 1961 and last saw him alive on Aug 21 1961
Death occurred at 4 P M on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|-----------------------------------|---------------------------------|
| 22a. SIGNATURE <u>H. H. Potter</u> (Degree or title) | 22b. ADDRESS <u>Brookfield Mo</u> | 22c. DATE SIGNED <u>9-10-61</u> |
|--|-----------------------------------|---------------------------------|

| | | | |
|---|---------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Sept. 13, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u> |
|---|---------------------------------|--|---|

| | | |
|---|---|--|
| 24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>9-12-61</u> | 26. REGISTRAR'S SIGNATURE <u>Anna Watson</u> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

SEP 20 1961

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 Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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.