

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035584

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

SHELBY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

CLARENCE

Length of stay in lb

35 YRS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

HOME CLARENCE MO

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

SHELBY

Inside Limits

Yes ☒ No ☐c. CITY  
OR TOWN

CLARENCE MO

d. STREET  
ADDRESS

CLARENCE MO

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHN

GEORGE

BEAM

4. DATE  
OF DEATH

Month

Day

Year

SEPT 21

1961

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

JULY 3, 1928

## 9. AGE (last birthday)

66

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HR

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BANKING

## 10b. KIND OF BUSINESS OR INDUSTRY

BANKING-MERCHANT

## 11. BIRTHPLACE (City and state or country)

ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

US

## 13a. FATHER'S NAME

ADAM WM. BEAM

## 13b. MOTHER'S MAIDEN NAME

MARY ANN FORD

## 14. NAME OF HUSBAND OR WIFE

MABEL BEAM

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES WORLD WAR II

## 16. SOCIAL SECURITY NO.

490-01-2667

## 17. INFORMANT

MRS MABEL BEAM

## Address

CLARENCE 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)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Sarcoma of jejunum

malnutrition due to above

## INTERVAL BETWEEN ONSET AND DEATH

10 weeks

3 weeks

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

Inguinal Hernia Repair 5 wks.

## 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

s.m.

Month, Day, Year

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

8-30-61

to 9-21-61

and last saw him alive on 9-21-61

## Death occurred at

6-10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. B. L. Edgington D.O.

## 22b. ADDRESS

Clarence, Mo.

## 22c. DATE SIGNED

9-28-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

SEPT 24 1961

## 23c. NAME OF CEMETERY OR CREMATORY

MAPLEWOOD CEMETERY

## 23d. LOCATION (City, town, or county)

CLARENCE MO

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

GREENING CLARENCE MO

## 25. DATE RECD. BY LOCAL REG.

9-29-61

## 26. REGISTRAR'S SIGNATURE

Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1961

FEB 27 1962

**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 Charles V. Stearns

Licensed Embalmer No. 4625

P. O. Address Clarence

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.