

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022106

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 716

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 5117

3 2

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7 1

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9 4201

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF SCOTT C. BENSON, M.D. MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 64 years	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3027 So. 29th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3027 So. 29th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LULU Middle Last TOLLARD		4. DATE OF DEATH Month June Day 16 Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/16/1883
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired candy maker		10b. KIND OF BUSINESS OR INDUSTRY Candy Company	11. BIRTHPLACE (City and state or country) Sarahville, Ohio
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George W. Beam	
13b. MOTHER'S MAIDEN NAME Ruth Clary		14. NAME OF HUSBAND OR WIFE Clarence J.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. William Maugh, 3027 S. 29th, St. Joseph, Mo	
18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiomegaly, coronary atherosclerosis, heart block DUE TO (c) Semility			INTERVAL BETWEEN ONSET AND DEATH 15 min 20 days
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1950 to 6/16/62 and last saw her live on 6/16/62 Death occurred at 10:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Scott C. Benson M.D.		22b. ADDRESS 824 N. 63	22c. DATE SIGNED 6/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/19/1962	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Buchanan County, Mo.
24. FUNERAL DIRECTOR Hester-Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 20, 1962
		26. REGISTRAR'S SIGNATURE Mrs. Clark J. J. J.	

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 *Thomas O. Smith*

Licensed Embalmer No. 3928

P. O. Address *St. Joseph 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.