

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026856

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340

Primary Registration District No. 3024

Registrar's No. 53

FILED JUL 23 1962

1. PLACE OF DEATH

a. COUNTY

Howard

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

Fayette

Length of stay in 1b
6 daysc. CITY
OR TOWN

New Franklin

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Lee Hospital

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

Biesemeyer Trailer Ct.

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

First John

Middle Melton

Last BEAMAN

4. DATE
OF DEATH

Month July

Day 14,

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr. 1, 1892

9. AGE (last birthday)

70

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

In Charge New Franklin

10b. KIND OF BUSINESS OR INDUSTRY

Special Road Dist.

11. BIRTHPLACE (City and state or country)

Howard Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wilbur Beaman

13b. MOTHER'S MAIDEN NAME

Elizabeth Wright

14. NAME OF HUSBAND OR WIFE

Stella Mae Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

No

None

16. SOCIAL SECURITY NO.

486-36-1706

17. INFORMANT

Mrs. Stella Beaman New Franklin, 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)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

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

DUE TO (b)

Perforated peptic ulcer

5 days

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 ☐ Unknown19. 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
INJURYHour
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

7-8-62

to

7-14-62

and last saw

him

alive on

7-14-62

Death occurred at

7-14-62

4:30 P.

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

22a. SIGNATURE

(Degree or title)

M.P. Leach MD

22b. ADDRESS

Fayette, Mo

22c. DATE SIGNED

7/17/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cem.

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

New Franklin,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Markland - Hall New Franklin, Mo.

25. DATE RECD. BY LOCAL REG.

7-17-62

26. REGISTRAR'S SIGNATURE

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10451

20450

3

4 0

5 1

6

7 0

8 2

9 5501

10

11

12 1-0

13 1-0

Jul 27 1962

Permit issued 7-12-62

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 Tom J. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, 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.