

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031491

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 155

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 29 1962

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USE BLACK INK OR TYPEWRITER RIBBON

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| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City | | Length of stay in 1b 2 days | c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 21 S. Tom St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Lawrence Middle Alvin "Tex" Last Beeson | | | 4. DATE OF DEATH Month August Day 26 Year 1962 |
| 5. SEX M. | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/15/1896 |
| 9. AGE (last birthday) 66 | | IF UNDER 1 YEAR Months 66 Days | IF UNDER 24 HR Hours 66 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Police Officer | | 10b. KIND OF BUSINESS OR INDUSTRY City of Webb City, Mo. | 11. BIRTHPLACE (City and state or country) Little Rock, Arkansas |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13. FATHER'S NAME William Otto Beeson | |
| 14. MOTHER'S MAIDEN NAME Cornelia A. Turnage | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Esther J. Rosenberg, Webb City, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs |
| DUE TO (b) Coronary Occlusion | | | 24 hrs |
| 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. <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 11:40 a.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Webb City, Mo. | |
| 20g. COUNTY Jasper | | 20h. STATE Mo. | |
| 21. I attended the deceased from March 1960 to Aug. 26, 1962 and last saw ^{her} him alive on Aug. 26, 1962 . Death occurred at II:40A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. W. Forhan (Degree or title) M.D. | | 22b. ADDRESS 106 S. Main Webb City, Mo | |
| 22c. DATE SIGNED 8/27/62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/28/62 | 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery | 23d. LOCATION (City, town, or county) (State) Carthage, Missouri |
| 24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City, Mo. | | 25. DATE RECD. BY LOCAL REG. 8-28-62 | |
| | | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer | |

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.