M	ISSOURI	DIVI	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-01	0770
			Registration District No	STATE FILE NU	MBER
DO NOT WRITE ON THIS STUB	AMENDED		- LED APR 2 1969	<u> </u>	
vs 300		1	a. COUNTY To che on b. COUNTY 2. USUAL RESIDENCE (Where dece	_	admission)
Rev. 4/59	AMENDED	-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay, in 1b c. CITY		Inside Limits
			OR Toda non de	ence	Yes No
1	[₹	-	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If	outside, give location)	Reside on Farm
2700,5	DATE	│	HOSPITAL OR Jackson County Hospital No ADDRESS 325 East	Walnut	Yes NoX
3		1 -	3. NAME OF DECEASED First Middle Last 4, DATE (Type or print) OF	Month Day	Year
4		_	Laura Dale Beebe DEATH	3 13	1962
			Wildward M Divorced Cl and a common	irthday) IF UNDER 1 YEAR Months Days	Hours Min.
5 2		 	Female White - 10-16-63 96		WHAT COUNTRY
6	2	'	during most of working life even if ratired)	· · 1	WHAT COUNTRY
	5	│ 		U.S.A.	
7 1	3			fron 7. Bee	La
8 / 1	2	1	A WAT DECEASED EVED IN ITS ADMED FORCES? FOR SOCIAL SECTIONS NO. 1.17 INFORMANT A	Address	
94/2 and		((es. no. or unknown) (If yes, give war or dates of service) Tore Jackson County	Hospital, K.	
10	ŧ	Z.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	A . INT	IERVAL BETWEEN
		Σ	IMMEDIATE CAUSE (a) arterior claration heart	Jesean 21	ukumm
11	EAD	DOCUMEN			
			Conditions, if any, DUE TO (b)	<u> </u>	
13	ISN	.	above cause (a). } stating the under-i		
	5	z	lying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal	PART III, If deceased	was female was
1	1 1 1	NOI	disease condition given in PART I (a)	there a pregnan	ncy in last 90 days.
		FICAT		Yes N	
	WAS AUTOPSY 20a PERFORMED? YES NO DE 10 INJURY a.m.		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of PERFORMED?	injury in PART I or PART II	of item 18.)
Z		EDICAL	20c. TIME OF Houl Month, Day, Year INJURY a.m.		
BLACK INK OR RITER RIBBON		W.	p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
-			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.)		-
LAC TER DE	READ	ರ	21. I attended the deceased from 2-13-1962, to 3-13-62 and last saw her him all	3-12-62	
<u>8</u> 8			Death occurred at 4:40 A.M. 3-13-62 m on the date stated above, and to the best of	my knowledge, from the ca	us estated.
USE BLAC OR IYPEWRITER	SHOULD	Sa Sa	22a. SIGNATURE (Degree or title) (22b) ADDRESS	Just	2c. DATE SIGNED
	동		Willallas Mo. Sekson Co Hos	letel Mul	313-62
-		T d 2	Kennitoli, Luci Vila	City, town, or county)	(State)
	<u>8</u>	AFFID,	FINEPAL DIPECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26/ RESS	TRAR'S SIGNATURE	no.
	ITEM	ک	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26/ RASS Speaks Fune ral Home 3,/4-62	177 Page	•
	-			vin ring	
			(Licensed Embalmer's Statement on Reverse Side)	U	

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Lay re Smith
StudentSignature of Student Embalmer	Signed Leay re Smille
Signature of Stocesh Entiremen	Licensed Embalmer No. 5081
• • •	P. O. Address Indep. Sno.

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.