

CERTIFICATE OF DEATH

DO NOT WRITE ON THIS STUB

9. 1
10a. 72
10b.
11. 0
12. 9
13. 4109
14.
15. 0
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4. 0425

5. 1

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0425

PARENTS

CAUSE

CERTIFIER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 121

DECEASED—NAME FIRST MIDDLE LAST MARIE ICY BEAMAN		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) May 13, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (MONTH, YEAR) 72	UNDER 1 YEAR MOS. DAYS 72	DATE OF BIRTH (MONTH, DAY, YEAR) Sept 19, 1895
CITY, TOWN, OR LOCATION OF DEATH Clinton		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Clinton General Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.	
SOCIAL SECURITY NUMBER 492-26-3313		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Manager	
RESIDENCE—STATE COUNTY Missouri Henry		CITY, TOWN, OR LOCATION Clinton	
FATHER—NAME FIRST MIDDLE LAST James Porter Peerson		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Olive Rebecca Herman	
INFORMANT—NAME Mrs Flora Moeller		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 506 S. 3d St. Clinton, Mo. 64735	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) acute coronary occlusion DUE TO, OR AS A CONSEQUENCE OF:			immediate
(b) arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF:			2 years.
(c) sinus bradycardia DUE TO, OR AS A CONSEQUENCE OF:			one week
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) Yes
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b. Yes
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 70a.	DATE OF INJURY (MONTH, DAY, YEAR) 70b.	HOUR 70c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 70d.
INJURY AT WORK (SPECIFY YES OR NO) 70e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 70f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 70g.	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a.	MONTH DAY YEAR TO MONTH DAY YEAR 21b.	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22b.
CERTIFIER—NAME (TYPE OR PRINT) Dr. R.S. Hollingsworth		SIGNATURE Dr. R.S. Hollingsworth	DATE SIGNED (MONTH, DAY, YEAR) 5/15/68
MAILING ADDRESS—CERTIFIER 106 S. 3rd Clinton Mo.		CITY OR TOWN Clinton	STATE Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Englewood	LOCATION 24c. Clinton, Missouri	CITY OR TOWN STATE
DATE (MONTH, DAY, YEAR) 25a. May 16, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25b. Consalus 209 S. 2d St. Clinton, Mo. 64735		
FUNERAL DIRECTOR—SIGNATURE 25c. E. R. Consalus	REGISTRAR—SIGNATURE 25d. Meldred Bigum	DATE RECEIVED BY LOCAL REGISTRAR 25e. May 13, 1968	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

1913, May 13, 1913
Henry J. Jones
Director General Hospital
Clinton, Mo.
1913-5-15-68
Henry J. Jones
Director General Hospital
Clinton, Mo.
1913-5-15-68

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 Eugene R. Lomax

Licensed Embalmer No. 4680
P. O. Address Clinton, 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.

Permit obtained 5-15-68
MLB