

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8030**

39  
2  
6

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>265</b>	
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>3 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salina</b>		87	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>700 North Vine</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>Fredrick</b> c. (Last) <b>Beaman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 21, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 7, 1894</b>	
9. AGE (In years last birthday) <b>54</b>		10. MONTHS <b>8</b>		11. DAYS <b>14</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Business</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		11. BIRTHPLACE (State or foreign country) <b>Salina, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Holman Beaman</b>		13b. MOTHER'S MAIDEN NAME <b>Anna T. Boyts</b>		14. NAME OF HUSBAND OR WIFE <b>Maude Johnson Beaman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Beaman</b> ADDRESS <b>Salina, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction, acute</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>arteriosclerosis heart disease with coronary thrombosis.</b></p> <p>DUE TO (c) <b>thrombosis.</b></p>		II. OTHER SIGNIFICANT CONDITIONS					4 days
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><b>4 2000</b></p>					4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>✓</b>			
22. I hereby certify that I attended the deceased from <b>Mar. 17, 1949</b> , to <b>Mar. 21, 1949</b> , that I last saw the deceased alive on <b>Mar. 21, 1949</b> , and that death occurred at <b>5:42 P. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Glen O. Tuma, M.D.</b>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>3/21/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Mar. 19, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Near Salina, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Salina, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3/24/49</b>		REGISTRAR'S SIGNATURE <b>W. E. Handley, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Edward Blue Salina, Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 1949

JUL 29 1949

JUN 14 1949

**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.

Signed Edward B. Emwin

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Galiverton, 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 this body is not embalmed, fact should be so stated above.