

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 89951

540

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

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 20			
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u>					
b. CITY OR TOWN <u>CONCORDIA</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>CONCORDIA</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>12 1/2 MAIN ST.</u>					
3. NAME OF DECEASED (Type or Print) <u>MARTIN</u>			a. (First)		b. (Middle) <u>BEERMAN</u>		c. (Last)		
4. DATE OF DEATH <u>MARCH 23 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 3 1884</u>	
9. AGE (in years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LAFAYETTE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY BEERMAN</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIE DIETZEL</u>			14. NAME OF HUSBAND OR WIFE <u>MARY BEERMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OMAR BEERMAN</u>				ADDRESS <u>CONCORDIA, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Femoral thrombophlebitis</u>				1-2 days	
				DUE TO (c)					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>16 31</u>					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>23 Mar 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>23 Mar 1949</u> , and that death occurred at <u>6:15 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. S. Brady</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Concordia, Mo.</u>				23c. DATE SIGNED <u>3/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PAUL'S</u>		24d. LOCATION (City, town, or county) (State) <u>CONCORDIA, MO</u>			
DATE REC'D BY LOCAL REG. <u>March 26-49</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u>		ADDRESS <u>Concordia, Mo</u>			

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-29-49

JAN 28 1950

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed E. S. Jones

Licensed Embalmer No. 2058

P. O. Address Conordia, 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.