

1951 JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19443

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 688

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p style="text-align: center;">1201 N. 7th St.</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1201 N. 7th St.</p>			

3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">Dottie</p>	b. (Middle) <p style="text-align: center;">Elizabeth</p>	c. (Last) <p style="text-align: center;">Beems</p>	4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 27 1951</p>		
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5. SEX <p style="text-align: center;">female</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">single</p>	8. DATE OF BIRTH <p style="text-align: center;">January 25, 1882</p>	9. AGE (In years last birthday) <p style="text-align: center;">69</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">invalid</p>		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">St. Joseph, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">Ferdinand Beems</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Nancy Pepper</p>		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Edward O. Beems, 1201 N. 7th St., St. Joseph, Mo</p>		ADDRESS <p style="text-align: center;">St. Joseph, Mo</p>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Coronary Thrombosis</i></p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">10 minutes</p>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis general</i> DUE TO (c) <i>Arteriosclerotic Heart disease</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4200</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from the institution to Holy Anson for all my life, that I last saw the deceased alive on June 16, 1951, and that death occurred at 11:15A m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;"><i>L. E. Serrin</i></p>	(Degree or title) <p style="text-align: center;">M.D.</p>	23b. ADDRESS <p style="text-align: center;">St. Joseph, Mo</p>	23c. DATE SIGNED <p style="text-align: center;">6-28-51</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">6/29/1951</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Ashland Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph Missouri</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">July 2, 1951</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Carl C. Cash</i></p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;"><i>Wheaton-Bauman Funeral Home</i></p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Earl Stearns*

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**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 .....  
Student Embalmer

Signed *James B. Hewkins*

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. St. Louis

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.