

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37150
5208

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 25 YRS	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	d. STREET ADDRESS (If rural, give location) 1408 Indiana
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) Francis	c. (Last) Beaman	4. DATE OF DEATH (Month) (Day) (Year)	12 3 51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH AUG. 18-1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK WORKER.	10b. KIND OF BUSINESS OR INDUSTRY C.B.D. 2 R.R.C.	11. BIRTHPLACE (State or foreign country) WARSAW, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME BERRY BEAMAN	13b. MOTHER'S MAIDEN NAME DOYH WELCH	14. NAME OF HUSBAND OR WIFE MARGARET
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-03-9463	17. INFORMANT'S SIGNATURE OR NAME ERNEST BEAM	ADDRESS 3120 CAMPBELL ST. C.M.A.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic alcoholism		
	11. 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	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) m.	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 Nov. 20, 1951, to Dec. 3, 1951, that I last saw the deceased alive on Dec. 3, 1951, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. Stastemeier Jr. (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 12-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC. 5-1951	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CLINTON CEM.	24d. LOCATION (City, town, or county) (State) CLINTON, Mo.
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DATE REC'D BY LOCAL REG. 12-5-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman	ADDRESS San Jose, N.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 E. Hackleman

Licensed Embalmer No. *4593*

P. O. Address *Kansas City, 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.