

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**558**

State File No. ....

No. 300  
10-48

**FILED JAN 16 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4104 Registrar's No. 5

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Cass</u>		a. STATE <u>MO</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Line</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Line MO</u>	
c. LENGTH OF STAY (in this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>0190</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Line Mo. in home</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>CHARLES</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>BEESON</u>	(Month) (Day) (Year) <u>Jan. 1-1952</u>		
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED?</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>June 18-1870</u>		<b>9. AGE</b> (In years last birthday) <u>81</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Labor</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Unknown</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>Unknown</u>					

<b>13a. FATHER'S NAME</b> <u>Unknown</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Hattie Beeson</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hattie Beeson</u>	<b>ADDRESS</b> <u>West Line Mo</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death <u>Cerebral Arteriosclerosis</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <input checked="" type="checkbox"/>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Dec-27, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Name & title) <u>D. J. Dargatzis MD.</u>	<b>23b. ADDRESS</b> <u>Harrisonville Mo</u>	<b>23c. DATE SIGNED</b> <u>Jan. 3, 1952</u>
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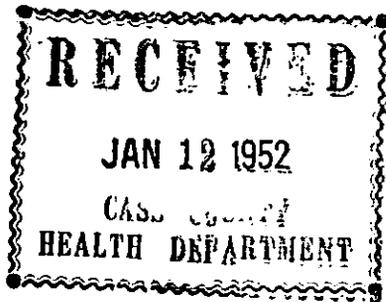
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>0 Burial</u>	<b>24b. DATE</b> <u>1-4-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Idemwild Ceme</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>2 miles south Cleveland Mo</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 7, 1952</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Dora Barward</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Geo. E. Myers</u>	<b>ADDRESS</b> <u>Cleveland Mo</u>
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\*(Licensed Embalmer's Statement on Reverse Side)

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

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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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.