.S. No. 300
EV. 10.48

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25563

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6266

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1218 Jones St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2119
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 1218 Jones St.

3. NAME OF DECEASED (Type or Print)
a. (First) Nannie
b. (Middle) C.
c. (Last) Beene

4. DATE OF DEATH (Month) June (Day) 28, (Year) 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Feb. 23, 1891
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Hope, Ark.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Richard Mitchell
13b. MOTHER'S MAIDEN NAME Ellen Reed
14. NAME OF HUSBAND OR WIFE Henry L. Beene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Dr. Clovis H. Beene — ADDRESS 1218 Jones

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat Stroke

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heat
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E9310

22. *I hereby certify that I attended the deceased from* June 22, 1952 *to* June 28, 1952, *that I last saw the deceased alive on* June 28, 1952, *and that death occurred at* 12:50 A.m., *from the causes and on the date stated above.* 22

23a. SIGNATURE Walter A. Younge (Degree or title) MDO
23b. ADDRESS 2337 Market
23c. DATE SIGNED 6/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4
24b. DATE 7-4-52
24c. NAME OF CEMETERY OR CREMATORY St. Peters
24d. LOCATION (City, town, or county) Wellston, (State) Mo.

DATE REC'D BY LOCAL REG. JUL 1 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kuance — ADDRESS 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Crooms

Licensed Embalmer No. 4755

P. O. Address 1221 N Grand

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.