

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8504

State File No. _____

No. 300
10.48

FILED FEB 17 1953

360

25

| | | | | | | | | |
|---|----------------------------|---|--|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. <u>3076</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. LENGTH OF STAY (in this place) <u>26 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moundville</u> | | <u>1080</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 West Walnut</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> | | b. (Middle) <u>Earl</u> | | c. (Last) <u>Beason</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 31 1953</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>February 28 1875</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson County, Tennessee</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>James Nicholson Beason</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cole</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sarah Katherine Beason</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W. B. Eador Nevada, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive C.V.R. Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/2 X</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) m. | | 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>January, 1947</u> , to <u>Jan 31, 1953</u> , that I last saw the deceased alive on <u>Jan 31, 1953</u> and that death occurred at <u>10:20 A.M.</u> from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Wm. E. Ferris</u> | | | | 23b. ADDRESS <u>Nevada, Mo</u> | | 23c. DATE SIGNED <u>2-2-53</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 3, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Moore Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-9-53</u> | | REGISTRAR'S SIGNATURE <u>Wm. E. Ferris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u> | | ADDRESS <u>Nevada, Mo.</u> | | |

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

082
1

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 *L. B. Ferry* _____

Licensed Embalmer No. *1760* _____

P. O. Address *Nevada MW* _____

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.