

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 270

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

FILED MAR 15 1954

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 65 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				a. STREET ADDRESS (If rural, give location) 1603 S. 33rd Street 0117 0							
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) L. c. (Last) Beanblossom			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1954								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 23, 1885					
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 Hrs. Days		IF UNDER 1 Hrs. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairyman			10b. KIND OF BUSINESS OR INDUSTRY Dairy			11. BIRTHPLACE (City and State or Foreign Country) Davenport, Nebraska.					
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Levi Beanblossom		13b. MOTHER'S MAIDEN NAME Elizabeth Beanblossom		14. NAME OF HUSBAND OR WIFE Eva L. Beanblossom				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 491-28-1610			17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva L. Beanblossom		ADDRESS St. Joseph, Mo.			
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) Embolism, right vertebral artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis, common carotid artery DUE TO (c) Arteriosclerosis, general				INTERVAL BETWEEN ONSET AND DEATH 24 hrs. unknown unknown			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Disease, arteriosclerotic				19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		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 2/18/54, 19, to 3/6/54, 19, that I last saw the deceased alive on 3/6/54, 19, and that death occurred at 5:50 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Allen Spideman MD				23b. ADDRESS 706 Francis St., City				23c. DATE SIGNED 3-8-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.					
DATE REC'D BY LOCAL REG Mar 11, 1954		REGISTRAR'S SIGNATURE Katherine M. Allison		485		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer - Felemon		ADDRESS St. Joseph, Mo.			

(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.....^{***}^{****}.....
Signature of Student Embalmer

Signed.....*Edward E. Hansing*.....

Licensed Embalmer No.....⁷²⁵⁸.....

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.