

STANDARD CERTIFICATE OF DEATH

State File No. **9391**

FILED **MAR 18 1954**

REG. DIST. NO. **209**

PRIMARY REG. DIST. NO. **3043**

Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 113 1/2 Water St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Lee	b. (Middle) Roy	c. (Last) Beach	4. DATE OF DEATH (Month) (Day) (Year) March 14, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 8, 1930	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months 10 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright Apprentice	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (State or foreign country) Hannibal, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Lee Beach	13b. MOTHER'S MAIDEN NAME Rosie E. Rogers	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7/28/50--2/11/54	16. SOCIAL SECURITY NO. 489-32-2456	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosie Beach, Louisiana,	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Convulsion, severe,		
	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. Cerebral Hemorrhage		1 day	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTO PSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. SUICIDE OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) US Highway # 61	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Frankford, Pike, Mo. 082
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/14/54 1:30^a	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto leaving highway, turning over
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22. I hereby certify that I attended the deceased from 3/14/1954 to 3/14/54, that I last saw the deceased alive on 3/14/1954 and that death occurred at 7:30a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul J. Flannery MD</i>	(Degree or title) MD	23b. ADDRESS Hannibal, Missouri	23c. DATE SIGNED 3-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/16/54	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. 3-16-54	REGISTRAR'S SIGNATURE <i>Dr. E.M. Lucke</i>	2. FUNERAL DIRECTOR'S SIGNATURE <i>George O. Wagner</i>	ADDRESS Louisiana, Mo.
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187-C (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
44
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RECEIVED

MAR 17 1954

MARION CO. HEALTH DEPT.

DATE FILED MAR 17 1954

MAY 4 1954

MAR 2 1954

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, George O. Hagner

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.