

REC'D NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. J. WILLIAMS  
State File No. 37018

BIRTH NO. 77216-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 1070

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. In residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place (Specify) LIFE		e. STREET ADDRESS (If rural, give location) 800 S. CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. JOHN'S HOSP.		f. (If not in hospital or institution, give street address or location)	

3. NAME OF DECEASED (Type or Print) a. (First) PAMALEE	b. (Middle)	c. (Last) BEASLEY	4. DATE OF DEATH (Month) (Day) (Year) NOV. 23 1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, <del>REMOVED, DIVORCED, (Specify)</del> NEVER MARRIED	8. DATE OF BIRTH NOV. 22 1954
9. AGE (In years last birthday) <u>1</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME DELBERT EUGENE BEASLEY	13b. MOTHER'S MAIDEN NAME PAULINE RUBELEE	14. NAME OF HUSBAND OR WIFE X
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS DELBERT E. BEASLEY SPRINGFIELD, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</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.			

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)	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 11-22, 1954, to 11-23, 1954, that I last saw the deceased alive on 11-22, 1954 and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John Williams</i>	(Degree or title) M.D.	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 11-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/23/54	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

DATE REC'D BY LOCAL REG 11-24-54	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.
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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..... <sup>not</sup>

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene C. Hunter*.....

Licensed Embalmer No. *4739*

P. O. Address *Springfield*

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.