

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

W. W. Hays  
State File No. 15136

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 410

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> |  | c. CITY OR TOWN <u>S. Bolivar, Mo.</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>22 days</u>  |  | e. STREET ADDRESS (If rural, give location) <u>8 1/2 Miles Northeast</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>                              |  |   |   |

|                                     |                          |                           |                       |  |
|-------------------------------------|--------------------------|---------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Alfred</u> | b. (Middle) <u>Reuben</u> | c. (Last) <u>Beem</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1955</u> |
|-------------------------------------|--------------------------|---------------------------|-----------------------|--|

|                    |                               |   |  |   |                                 |                                |
|--------------------|-------------------------------|---|--|---|---------------------------------|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>February 7, 1883</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 24 HRS. Days <u>0</u> |
|--------------------|-------------------------------|---|--|---|---------------------------------|--------------------------------|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>On Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Polk County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|--|---|---|

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Thomas Beem</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Payne</u> | 14. NAME OF HUSBAND OR WIFE <u>Artie Belle Beem</u> |
|---------------------------------------|--|---|

|  |                         |  |
|--|-------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Artie B. Beem Bolivar, Mo.</u> |
|--|-------------------------|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, 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>Acute Hemorrhagic Gastritis</u>   |  | <u>7 weeks</u>                   |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma Stomach</u><br>DUE TO (c) |  | <u>6 mos.</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>151 X</u>  |   |  |                                  |

|                                       |   |  |
|---------------------------------------|---|--|
| 19a. DATE OF OPERATION <u>4-15-55</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma involving Stomach, Pancreas &amp; Colon</u> | 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) | 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 April 11, 1955, to May 9, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.

|  |                                      |                                |
|--|--------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Walter Jaybourn M.D.</u> | 23b. ADDRESS <u>Springfield, Mo.</u> | 23c. DATE SIGNED <u>5-9-55</u> |
|--|--------------------------------------|--------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 10, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Bolivar, Missouri</u> |
|---|-------------------------------|--|--|

|  |  |   |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>5-9-55</u> | REGISTRAR'S SIGNATURE <u>Walter Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ernest Blue Funeral Home, Inc. Bolivar, Mo.</u> |
|--|--|---|

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

MAY 1 9 1961

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..... *Lewis G Schaefer*

Licensed Embalmer No. 3800

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.