

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5383

State File No. ....

0442  
3

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY-REG. DIST. NO. 3127 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN <u>JOPLIN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN AMBULANCE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u>		b. (Middle) <u>C</u>	c. (Last) <u>BEAGLE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 23 1956</u>		5. STREET ADDRESS (If rural, give location) <u>602 WALNUT (DUQUESNE) 0495</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>JANUARY 27 1896</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PURCHASING AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WEBB CORPORATION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ALBA MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>DAVID BEAGLE</u>	
13b. MOTHER'S MAIDEN NAME <u>no data</u>		14. NAME OF HUSBAND OR WIFE <u>ETHEL VIOLA BEAGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES W.W. ONE</u>		16. SOCIAL SECURITY NO. <u>487-03-8736</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>PAUL COOPER</u>		ADDRESS <u>ALBA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Coronary insufficiency</u> 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"/>		<u>4201</u>	
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 <u>2-23</u> , <u>1956</u> , to <u>2-23</u> , <u>1956</u> , that I last saw the deceased alive on <u>2-23</u> , <u>1956</u> , and that death occurred at <u>9-25</u> <u>PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. W. Forbes</u>		23b. ADDRESS <u>D.O. Webb City Mo.</u>	
23c. DATE SIGNED <u>2-24-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2/27/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>		DATE REC'D BY LOCAL REG. <u>2-25-56</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>474</u>	
ADDRESS <u>HEDGE-LEWIS FUNERAL HOME</u>		ADDRESS <u>WEBB CITY MO</u>	

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

RECEIVED FEB 27 1956  
Jasper County Health Office  
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APR 30 1956

APR 30 1957

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**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 Lif Lewis

Licensed Embalmer No. 456

P. O. Address Wells St

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.