

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8645
State File No.BIRTH NO. 13635-56 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 87

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY FRANKLIN			a. STATE Missouri		b. COUNTY Gasconade
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bland		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.			d. STREET ADDRESS (If rural, give location) ---		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) CHARLES	b. (Middle) RAY	c. (Last) BEESELEY	MARCH 14-1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH MARCH 13-1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME RAYMOND BEESELEY	13b. MOTHER'S MAIDEN NAME ADATA JETT	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME RAYMOND BEESELEY, BLAND, MO.	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, asthenia, 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) Pneumococcal Atalactosis, Bilateral		
	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. Prematurity - 7 mos.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7625	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-14, 1956, to 3-15, 1956, that I last saw the deceased alive on 3-14, 1956, and that death occurred at 8:22 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paula Brown, M.D.</i>	(Degree or title)	23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 3-16-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE March 15-1956	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Bland, Mo.
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DATE REC'D BY LOCAL REG. 3/17/56	REGISTRAR'S SIGNATURE <i>F. J. Sedman</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Samman's</i>	ADDRESS Samman's Funeral Service, Bland
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(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
Student Embalmer

Signed.....

.....
Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

NOT Embalmed