

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41875**

FILED DEC 31 1956

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **566**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) 32 YRS	c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1105 BYERS		STREET ADDRESS (If rural, give location) 1105 BYERS	

3. NAME OF DECEASED (Type or Print) JESSIE BEASON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) DEC 25 1956
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5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 24, 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (City and State or Foreign Country) OKLA.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN HENRY BEASON	13b. MOTHER'S MAIDEN NAME MARY EATON	14. NAME OF HUSBAND OR WIFE MARY BEASON
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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) NO	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME MARY BEASON	ADDRESS JOPLIN
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid		2 Mo.
	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"/>
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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) (Min.)	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 **9:30 am** to **10:25 am**, 19**56**, that I last saw the deceased alive on **Dec 23, 1956**, and that death occurred at **9:55 am**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) Dr.	23b. ADDRESS 1105 Byers	23c. DATE SIGNED 12-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE DEC 27, 1956	24c. NAME OF CEMETERY OR CREMATORY SANDERS CEM	24d. LOCATION (City, town, or county) (State) HOWATA Co, OKLA.
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DATE REC'D BY LOCAL REG 12-27-56	REGISTRAR'S SIGNATURE Nooe Merriam	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Joplin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1956

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 Paul George _____

Licensed Embalmer No. 45

P. O. Address Joplin

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.