No. 300
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35670

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6126 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Current
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: —
c. CITY OR TOWN: Tiffin
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): X

834

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) E c. (Last) Beam

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan 21 1871

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician M D

10b. KIND OF BUSINESS OR INDUSTRY: X

11. BIRTHPLACE (City and State or Foreign Country): Chicago Ill

12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Wm Eckard Ebeln

13b. MOTHER'S MAIDEN NAME: Elizabeth Janke

14. NAME OF HUSBAND OR WIFE: J Albert Beam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Vincent Bucher Gladden 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10.45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ezra E Mitchell M D — **23b. ADDRESS**: Salem Mo. — **23c. DATE SIGNED**: 10/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 10-18-55 — **24c. NAME OF CEMETERY OR CREMATORY**: — **24d. LOCATION** (City, town, or county) (State): Tiffin Ohio

DATE REC'D BY LOCAL REG.: Oct 24 55 — REGISTRAR'S SIGNATURE: Michael Green 447 0

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Orel K Spurgeon Salem Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 93[illegible]

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.