

No. 300
10.48

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42519

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY LA FAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LA FAYETTE	
b. CITY OR TOWN LEXINGTON		c. CITY OR TOWN LEXINGTON	
c. LENGTH OF STAY (In this place)		54	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1803 BLOOM ST.		d. STREET ADDRESS (If rural, give location) 1803 BLOOM ST. D2	

3. NAME OF DECEASED (Type or Print)	a. (First) ALVIN	b. (Middle) GEORGE	c. (Last) BEISENHERZ	4. DATE OF DEATH (Month) (Day) (Year) 12 30 1948
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 5 1900	9. AGE (In years last birthday) 48	10. MONTHS 3	11. DAYS 28	12. HOURS 1	13. MIN. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V. PRES. GEN. MGR. MO. GAST. ELEC.	10b. KIND OF BUSINESS OR INDUSTRY CONCORDIA MO.	11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WM. BEISENHERZ	13b. MOTHER'S MAIDEN NAME KATHERINE MEINEKE	14. NAME OF HUSBAND OR WIFE DAISY SHIPMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-09-4660	17. INFORMANT'S SIGNATURE OR NAME MRS. DAISY BEISENHERZ	ADDRESS LEX. MO.
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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, 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) Cerebellar & Ventruncular tumor		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		62A	

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) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) LEXINGTON MO.
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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?
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22. I hereby certify that I attended the deceased from **October 2, 1948**, to **present**, 19___, that I last saw the deceased alive on **12/30 1948**, and that death occurred at **12:30 PM** from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Death or title)	23b. ADDRESS [Address]	23c. DATE SIGNED 12-30-48
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-1-1949	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	24d. LOCATION (City, town, or county) (State) LEXINGTON MO.
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DATE REC'D BY LOCAL REG. Jan 26 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE FORREST F TEMPEL	ADDRESS LEX. MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

4
3
2

Pay

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-2-49

FFD
FEB 8 1949
6 10 AM

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 John M. Keane

Licensed Embalmer No. 2983

P. O. Address Livingston Mo

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