

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14861**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 534

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>65 yrs.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1535 Henry Street</b>		d. STREET ADDRESS (If rural, give location) <b>1535 Henry Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ruric</b>	b. (Middle) <b>Alvin</b>	c. (Last) <b>Bell Beeler</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>May 6 1949</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 6, 1865</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 2 MRS. Days	IF UNDER 2 MRS. Hours	IF UNDER 2 MRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farm Boss</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>State Hosp. #2</b>	11. BIRTHPLACE (State or foreign country) <b>Rochester, Missouri.</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Greenfield Beeler</b>	13b. MOTHER'S MAIDEN NAME <b>Sally M. Evans</b>	14. NAME OF HUSBAND OR WIFE <b>Emma M. Beeler</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Emma M. Beeler</b> ADDRESS <b>St. Joseph, Mo. 1535 Henry St.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs</b> <b>3 yrs</b> <b>4 1/2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>chronic myocarditis</b> DUE TO (c) <b>senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

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) (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 May 1, 1948 to May 6, 1949, that I last saw the deceased alive on May 3, 1949 and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Deed to or title) <b>W. J. Joach...</b>	23b. ADDRESS <b>411 Kirkpatrick</b>	23c. DATE SIGNED <b>5/9/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 9, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Andrew County, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>May 12, 1949</b>	REGISTRAR'S SIGNATURE <b>G. B. Jenkins</b> 382	25. FUNERAL DIRECTOR'S SIGNATURE <b>Halter Meierhoffer</b> ADDRESS <b>1946 Colhoun St. St. Joseph, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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, of \*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Signed Albert E. Harrington

Signed.....  
Student Embalmer

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.