

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41602

State File No.

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisistown W</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baring (Benton Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pine View Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles north East of Baring</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>W</u> c. (Last) <u>BEAL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-3-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March-9-1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, specify method) <u>Farmer & Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Knox County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Daniel F Beal</u>	
13b. MOTHER'S MAIDEN NAME <u>Lou Evelyn Fowler</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Suter Beal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Beal</u> ADDRESS <u>Baring Missouri</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> 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. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 27, 1949</u> , to <u>Nov. 3, 1949</u> , that I last saw the deceased alive on <u>Nov. 2, 1949</u> , and that death occurred at <u>1 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry L. McBrock D. O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>11/5/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-5-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linsville</u>	24d. LOCATION (City, town, or county) (State) <u>Edina Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-7-49</u>	REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>EDINA, Mo.</u>	

RECEIVED DEC 1 1949
District Health Officer No. 10
District File Number 12-49-21
Date Filed DEC 1 1949

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

Keith Hudson

Licensed Embalmer No. 2413

P. O. Address *Edina, Minn.*

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.