

5. No. 300
v. 10.48

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27659

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4561 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARION	
b. CITY OR TOWN MONROE CITY		c. CITY OR TOWN MONROE CITY <u>0640</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) 328 STODDARD ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 328 STODDARD ST			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) PHILIP c. (Last) BEILSTEIN			4. DATE OF DEATH (Month) (Day) (Year) August 10 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEBRUARY 7 1879		9. AGE (In years) <u>72</u> Months <u>7</u> Days <u>23</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMING, RET.	
11. BIRTHPLACE (State or foreign country) ADAMS County Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME George BEILSTEIN		13b. MOTHER'S MAIDEN NAME Louise Dickman.		14. NAME OF HUSBAND OR WIFE SUSAN BEILSTEIN	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or for unknown) No		16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME Walter Beilstein ADDRESS Monroe City 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		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. HYPERTROPHY of PROSTATE				5 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H 222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 JUNE 20 1951, to AUGUST 10 1951, that I last saw the deceased alive on JUN 10, 1951, and that death occurred at 3408 m., from the causes and on the date stated above.

23a. SIGNATURE Walter Beilstein (Degree or title) M.D.		23b. ADDRESS Monroe City, Mo.		23c. DATE SIGNED 8/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-1951		24c. NAME OF CEMETERY OR CREMATORY Payson Cemetery	
				24d. LOCATION (City, town, or county) (State) Payson Illinois.	

DATE REC'D BY LOCAL REG. 8/11/51		REGISTRAR'S SIGNATURE By Deala Sec. 89 Sep.		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S ADDRESS Monroe City Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0640

RECEIVED AUG 22 1951
MARION CO. HEALTH DEPT.
DATE FILED AUG 22 1951

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 mm

working under my personal supervision.

Signed.....
Student Embalmer

Signed Leslie D. Deary
Student Embalmer No.....

Licensed Embalmer No. 3014

P. O. Address Monroeville, 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.