

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23659**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **753**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 57 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2616 Penn Street		d. STREET ADDRESS (If rural, give location) 2616 Penn Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Lillian	b. (Middle) Leota	c. (Last) Beale	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 20, 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Allen County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Best	13b. MOTHER'S MAIDEN NAME Louvinia A. Tracy	14. NAME OF HUSBAND OR WIFE Samuel W. Beale
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Samuel Beale, 2616 Penn, St. Joseph, Mo.	ADDRESS
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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) Cerebral arteriosclerosis			2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c)			2 yrs
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	334X	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)	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 **2-8** 19**51**, to **7-3** 19**52**, that I last saw the deceased alive on **6-27** 19**52** and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold J. Brannon M.D. (Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 7-7-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. July 17, 1952	REGISTRAR'S SIGNATURE Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman ADDRESS Funeral Home
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St. Joseph, Mo.

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 James B. Hawkins
Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Jackson

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.