

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **207**

BIRTH NO. **FILED FEB 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **104**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph	
c. LENGTH OF STAY (In this place) 154-5-29		d. STREET ADDRESS (If rural, give location) 2821 Penn St	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			

3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Frederick	b. (Middle) Carl	c. (Last) Beiland	Jan 26 1954		
(Type or Print)					

5. SEX <input checked="" type="radio"/> male <input type="radio"/> female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 30 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 68 Days	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Judith Beiland	13b. MOTHER'S MAIDEN NAME Christine Schilley	14. NAME OF HUSBAND OR WIFE Georgia Beiland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Georgia Beiland	ADDRESS 2821 Penn St St Joseph
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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, asthma, 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 1 month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthma		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praxey		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 241X	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 Jan 1 1954, to Jan 26 1954, that I last saw the deceased alive on Jan 25 1954, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Horrest Thomas M.D.	(Degree or title)	23b. ADDRESS St Joseph Mo State Hospital no 2	23c. DATE SIGNED 1/26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/1954	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) St Joseph Missouri
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DATE REC'D BY LOCAL REG. Feb 3 1954	REGISTRAR'S SIGNATURE Kathryn M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Walter Bowman	ADDRESS St Joseph Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Wm. Spalding

Licensed Embalmer No. 4535

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.