

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 480

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY OR TOWN <u>SPRINGFIELD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAPTIST HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2347 EAST GRAND STREET ROAD</u> <u>03970</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALBERT</u>	b. (Middle) <u>ALLEN</u>	c. (Last) <u>BEALS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1954</u>
---	--------------------------	--------------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAY 21, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 MRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>METAL WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>IMPLEMENT COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		

13a. FATHER'S NAME <u>PAUL BEALS</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TANNER</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA BEALS</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CLARA BEALS</u>	ADDRESS <u>SPRINGFIELD, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown unless past Smoking</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163 X</u>			

19a. DATE OF OPERATION <u>5-8-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>X Ray of chest Pulmonary Carcinoma</u>	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)	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 4-27-1954 to 5-16-1954, that I last saw the deceased alive on 5-16-1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Feller M.D.</u> (Degree or title)	23b. ADDRESS <u>608 Cherry Springfield</u>	23c. DATE SIGNED <u>5-17-54</u>
---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>MAY 19, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SHELBYNA, MISSOURI</u>
--	---	---	---

DATE REC'D BY LOCAL REG. <u>5-18-54</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Almahogeyer</u>	ADDRESS <u>Springfield, MO</u>
---	---	---	--

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

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
Signature of Student Embalmer

Signed *Carl J. Glenn*

Licensed Embalmer No. *470*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.