

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22812**

FILED JUL 27 1955

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>43 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> c. CITY OR TOWN <u>Marceline</u> <u>0580</u> d. STREET ADDRESS <u>R.R. # 1</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Beals</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>16</u> <u>55</u>							
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 16, 1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 12 HRS. Days <u>1</u>	Hours <u>1</u>	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Hale Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>H. O. Powell</u>	13b. MOTHER'S MAIDEN NAME <u>Bell BRYANT</u>	14. NAME OF HUSBAND OR WIFE <u>Ray Beals</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Plummer</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions with generalized nutartisi 2 yrs.</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) _____		INTERVAL BETWEEN ONSET AND DEATH
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	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 4, 1955, to July 16, 1955, that I last saw the deceased alive on July 16, 1955, and that death occurred at 12:55 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Hale</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>7-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HALE CEMET.</u>	24d. LOCATION (City, town, or county) (State) <u>Hale Mo</u>
DATE REC'D BY LOCAL REG. <u>7/16/55</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Tidstrom Marceline, Mo</u>	

JUL 28 1955

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 Libburn H. Tillatso

Licensed Embalmer No. 4508

P. O. Address Marceline

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.