

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26003

State File No. _____

2810

FILED AUG 17 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Hamilton</u> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u> STREET ADDRESS (If rural, give location) <u>8730</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>MOORE</u> c. (Last) <u>Beal</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-1-1955</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>4-8-1879</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Harden County Kentucky</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>THOMAS BEAL</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE VANCE</u>		14. NAME OF HUSBAND OR WIFE <u>Cora M. Beal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Don Beal, Polo, Missouri</u> ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Adrenal Insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Bilateral Adrenal Granulomata</u> DUE TO (c) <u>Etiology Undetermined Tuberculosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Healing Duodenal Ulcer</u>			INTERVAL BETWEEN ONSET AND DEATH <u>102x</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>David M. Gibson</u> (Degree or title) <u>M.D. (Pathologist)</u>		23b. ADDRESS <u>St. Lukes Hospital, K.C. Mo.</u>		23c. DATE SIGNED <u>7/1/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cem.</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kingston, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>7-2-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erasmus Clark-Kingston, Mo</u> ADDRESS _____	
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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 *Cramer Clark*

Licensed Embalmer No. *325*

P. O. Address *Kingston*

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.