

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38683**
Registrar's No. **9**

FILED NOV 28 1956

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (In this place) 21 days	c. CITY OR TOWN Chillicothe
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 818 Calhoun St.		e. STREET ADDRESS (If rural, give location) 05920	

3. NAME OF DECEASED (Type or Print) PAUL	a. (First)	b. (Middle)	c. (Last) BEIER	4. DATE OF DEATH July 20 56	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 27 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 48 Hrs. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tripolitz Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Beier	13b. MOTHER'S MAIDEN NAME Pauline Beier	14. NAME OF HUSBAND OR WIFE Sarah Gillaspie Beier
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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 Mrs. Sarah Beier; Chillicothe, 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, asthma, 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) Chronic myocarditis		?
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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) (Min.)	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 **July 3, 1956**, to **July 20, 1956**, that I last saw the deceased alive on **July 19, 1956**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Gale M.D.	(Degree or title)	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 7-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-22-56	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri
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DATE REC'D BY LOCAL REG. 11/23/56	REGISTRAR'S SIGNATURE Frances B Nail	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME	ADDRESS Chillicothe, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

71-1

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 *Elton J. Norman*.....

Licensed Embalmer No. 4036..

P. O. Address Chillicothe.....

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.