Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002096
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 309 Primary Registration District No. 3043 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Marion	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hannibal — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Hannibal — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Levering Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0644 1218 Valley — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ORRIE Middle Last BEADLE		4. DATE OF DEATH Month Day Year January 16, 1959	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH September 19, 1870
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Repairman	10b. KIND OF BUSINESS OR INDUSTRY C.B.&.Q	11. BIRTHPLACE (City and state or country) Hannibal Missouri 0	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Michael A. Beadle	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Silvers	14. NAME OF HUSBAND OR WIFE Elizabeth J. Berking (Dec)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Clyde Beadle Hannibal Missouri	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Cerebral Thrombosis —

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intertrochanteric fracture left hip —

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at Home —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 20 Dec/58

119

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

20f. CITY, TOWN, OR LOCATION Hannibal COUNTY Marion STATE Mo.

21. I attended the deceased from 20 Dec/58, to Jan 16/59 and last saw her/him alive on Jan 16/59 — Death occurred at 1:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M J Boler M.D. 0

22b. ADDRESS Hannibal Mo

22c. DATE SIGNED Jan 22/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/19/1959	23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	23d. LOCATION (City, town, or county) Hannibal Missouri (State)
24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-23-1959	26. REGISTRAR'S SIGNATURE Dr E M Luckeley L C Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED JAN 26 1959
MARION CO. HEALTH DEPT.
DATE FILED

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 .....

Licensed Embalmer No. 7814

P. O. Address .....Hannibal, Missou

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.