

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

See also 42601-43  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38416**  
Registrar's No. **611**

FILED DEC 10 1943  
Registration District No. **2001**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution: **Derfelt Hospital**  
(d) Length of stay: In hospital or institution **5 days**  
In this community **41 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **McDonald**  
(c) City or town **Southwest City**  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Fred John Beissel**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **488-16-4558**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Retta West**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 29 1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**75 4 26** hr. \_\_\_\_\_ min.

9. Birthplace **Saint Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe salesman**

11. Industry or business **Retail Store**

12. Name **Peter Beissel**

13. Birthplace **Wurtemberg Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Haerberle**

15. Birthplace **Wurtemberg Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frederick Beissel, Jr.**

(b) Address **Southwest City, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 31, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Southwest City, Mo.**

18. (a) Signature of funeral director **NICHOLS BROTHERS**  
(b) Address **Southwest City, Missouri**

19. (a) **11-16-43** (b) **John G. Nichols**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **October** day **25th**  
year **1943** hour **11** minute **11** A.M.  
21. I hereby certify that I attended the deceased from **October 19th**  
**43** to **Oct. 25th 43**  
that I last saw him alive on **October 25th**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Double herniotomy operation**  
**Coronary Occlusion**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**172a**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **John G. Nichols** (M. D. or other) \_\_\_\_\_  
Address **2114 Jasper** Date signed **11/23/43**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

43-11-962

DEC 6 1948

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**