

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH
FILED MAR 14 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12962**

Registration District No. **382**

Primary Registration District No. **4228**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Glasgow**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6.5 years** (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME **Dorsey Beeler**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Martha J. Elliott** 6. (c) Age of husband or wife if alive **71 years**
7. Birth date of deceased **March 4 1969**
(Month) (Day) (Year)

8. AGE: Years **27** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **La Rue County Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Walnut Log business**

11. Industry or business **Self Employed**

12. Name **Dorsey Beeler**

13. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Isborn Beeler**

(b) Address **Willow Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Apr. 30 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington - Glasgow Mo.**

18. (c) Signature of funeral director **Andrey - Linnmouth**

(b) Address **Glasgow Missouri**

19. (a) **4-30-46** (b) **J. J. King**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** **45**
(c) City or town **Glasgow** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APR**, day **28**, year _____ hour _____ minute **00 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____ to **4-28**, 19**46**.
that I last saw him alive on **4-24**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Lungs**
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **none** **46**
Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature **W. B. Wilkins** (M. D. or other) **0**
Address **Glasgow Mo** Date signed **4-29-46**

MAY 16 1948

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

Elmer W. Freimuth

Licensed Embalmer No.

3978

P. O. Address

Glasgow Mo.

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.