No. 300
10.48

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

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40550

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 301 Registrar's No. 133

1. PLACE OF DEATH
a. COUNTY Excelsior Springs Clay Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Excelsior Springs
c. LENGTH OF STAY (In this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ball Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wisconsin
b. COUNTY Taylor
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilman
d. STREET ADDRESS (If rural, give location) Rural Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) Herman
b. (Middle)
c. (Last) Beilfuss

4. DATE OF DEATH (Month) 12 (Day) 3 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 17, 1903
9. AGE (In years last birthday) 46 — If under 1 year: Months 2 Days 16 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Milwaukee, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Herman Beilfuss
13b. MOTHER'S MAIDEN NAME Ida Beilfuss Kaish
14. NAME OF HUSBAND OR WIFE Clara Beilfuss

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. Unknown
17. INFORMANT'S SIGNATURE OR NAME Ida Beilfuss Kaish — **ADDRESS** Madison, Wisc

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asthma Cardiac.

DUE TO (c) Myocarditis.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Allergic to various foods + others

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) — (COUNTY) — (STATE) —

21d. TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* —, 19___, *to* Dec 3, 1949, *that I last saw the deceased alive on* Dec 3, 1949, *and that death occurred at* 3 ¼ m., *from the causes and on the date stated above.*

23a. SIGNATURE Oskar Hofmann (Degree or title) M.D.
23b. ADDRESS 311 E Excelsior St
23c. DATE SIGNED 12-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-4-49
24c. NAME OF CEMETERY OR CREMATORY Unknown
24d. LOCATION (City, town, or county) Stanley, Wisconsin (State)

DATE REC'D BY LOCAL REG. 12/4/49
REGISTRAR'S SIGNATURE Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE Claude Prichard — **ADDRESS** Ex Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 27
District Health Officer No.
District File Number
Date Filed 12-27-49

JUL 13 1956

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 .....
Student Embalmer

Signed Lindell K. Jasman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.