

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1742

FILED JAN 27 1950

BIRTH NO. 2709-50 REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries 12630	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miller	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Hellen b. (Middle) Leonia c. (Last) Beal			4. DATE OF DEATH (Month) (Day) (Year) 1 3 1950					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X	8. DATE OF BIRTH 1/3/1950	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 0	IF UNDER 1 YEAR Hours 0	IF UNDER 1 YEAR Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Benjamin Dewey Beal			13b. MOTHER'S MAIDEN NAME Eva Russe		14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state war or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. B. Dewey Beal, Dixon, Missouri				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 15 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cephalic pressure DUE TO (c) large fetal head, small maternal pelvis.				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"/>	

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 3, 1950, to Jan. 3, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donley Gates, M.D.		23b. ADDRESS Dixon, Missouri		23c. DATE SIGNED 1-3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/3/1950		24c. NAME OF CEMETERY OR CREMATORY Dixon	
24d. LOCATION (City, town, or county) (State) Dixon Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			
DATE REC'D BY LOCAL REG. 1-19-50		REGISTRAR'S SIGNATURE Pauline Howards			

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

District File Number

District Health Officer No. 9

RECEIVED
JAN 25 1950

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

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ed. W. Geller

Licensed Embalmer No.

2341

P.O. Address

Dixon 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.