

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Hoffer 17855

State File No.

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6033		Registrar's No. 119	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY OR TOWN <u>Rural Gatewood township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gatewood township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0910</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAISY</u>		b. (Middle) <u>MARIE</u>		c. (Last) <u>BEAL</u>	
4. DATE OF DEATH		(Month) <u>3</u> (Day) <u>29</u> (Year) <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-21-1907</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joe Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Neila Russell</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Beal</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George W. Beal - Rte 1 - Gatewood Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3-20-50</u> <u>490X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>3-1-50</u> , 19 <u>50</u> , to <u>3-29</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>3-15</u> , 19 <u>50</u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Clifford J. Smith</u>		(Degree or title)		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>4-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3/30/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gatewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>G. J. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L W Edwards</u>		ADDRESS <u>Doniphan Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-8-50
District Health Officer No. 5,
District File Number 550283
Date Filed 5-10-50

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 Body
Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

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.