

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16142

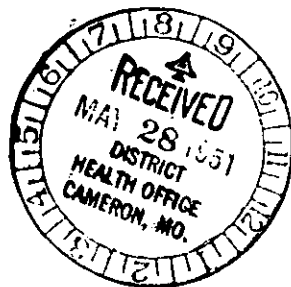
651

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (in this place) 24 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer		b. (Middle) Giedion		c. (Last) Beeler		4. DATE OF DEATH (Month) (Day) (Year) May 22 1951	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov 25 1878	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 5	11. UNDER 1 YEAR Days 27	12. UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Utah Beeler		13b. MOTHER'S MAIDEN NAME Georgann Beeler		14. NAME OF HUSBAND OR WIFE Maude Hill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Fred Smith Albany, Missouri			
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) Cardiac thrombosis ANTECEDENT CAUSES Chronic myocarditis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 1 day 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☐	
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) (Minute)		21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1950, to May 21, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 12:35 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. J. Pray, D.O.		23b. ADDRESS Albany, Mo.		23c. DATE SIGNED 1-26-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-1951		24c. NAME OF CEMETERY OR CREMATORY Jones Chapel		24d. LOCATION (City, town, or county) (State) Harrison Co. Mo.	
DATE REC'D BY LOCAL REG. May 26 1951		REGISTRAR'S SIGNATURE Edith Behlde 430		25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brooks		ADDRESS Albany Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1380
1



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 me

Student Embalmer No.

working under my personal supervision.

Signed

Charles E. Brooks

Signed

Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany, Missouri

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.