

FILED SEP 12 1951

STANDARD CERTIFICATE OF DEATH

State File No.

27486

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u> <u>0520</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Baring</u> <u>0520</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u>		b. (Middle)		c. (Last) <u>Beal</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>aug-31-1951</u>	
5. SEX <u>F</u> / <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>April-23-1868</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Sand Hill, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mathew Suter</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hicks</u>			14. NAME OF HUSBAND OR WIFE <u>Fred Beal</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Beal Baring, Missouri.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u> ANTECEDENT CAUSES *Attributable conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>arterio-sclerous cerebral syndrome</u> 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>1 day</u> <u>15 yrs.</u> <u>?</u>	
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) <u>446X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>8-27</u> , 19 <u>51</u> , to <u>8-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-31</u> , 19 <u>51</u> , and that death occurred at <u>4:35P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Al Habrey D.D.</u> (Degree or title)				23b. ADDRESS <u>Edina Mo.</u>		23c. DATE SIGNED <u>9-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2-1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Sept-4-1951</u>		REGISTRAR'S SIGNATURE <u>Neil S. Habrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keith Hudson Edina, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 29 1962

Date Received: SEP 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1593
Date Filed: SEP 8 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, 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.