

No. 300
10.48

DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3036 State File No. 42727

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5645 Registrar's No. 95

551
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora 0551	
c. LENGTH OF STAY (in this place) 24 yr.		d. STREET ADDRESS (If rural, give location) 226 E. College 9	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 200 S. Elliott			
3. NAME OF DECEASED (Type or Print) a. (First) Clara		b. (Middle) Beale	
c. (Last) Beale		4. DATE OF DEATH (Month) (Day) (Year) December 12, 1952	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 5, 1885
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Washington County Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Roberson		13b. MOTHER'S MAIDEN NAME Sara Arizona Roberson	
14. NAME OF HUSBAND OR WIFE R. O. Beale			
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. None	
17. INFORMANT'S SIGNATURE OR NAME R. O. Beale		ADDRESS Aurora, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Death	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Diabetes Mellitus	
DUE TO (b) Diabetes Mellitus		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X	
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)		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 Dec 7, 1952 to Dec 12, 1952 , that I last saw the deceased alive on Dec 2, 1952 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. P. Lytle (Degree or title) Mo		23b. ADDRESS Aurora, Mo.	
23c. DATE SIGNED 12-14-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/14/52	
24c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery		24d. LOCATION (City, town, or county) (State) Aurora, Missouri	
DATE REC'D BY LOCAL REG. DEC. 14, 52		REGISTRAR'S SIGNATURE Oran Mc Natt 157	
25. FUNERAL DIRECTOR'S SIGNATURE William Wood		ADDRESS Aurora, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1957

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Ames, 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.