

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9558

State File No.

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u> <u>0411</u>		
c. LENGTH OF STAY (In this place) <u>24 hrs.</u>			d. STREET ADDRESS (If rural, give location) <u>25th and Newburn</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reid Hospital and Clinic</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>BEIERLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1953</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>June 22, 1864</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
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 _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Isaac Wheeler</u>		13b. MOTHER'S MAIDEN NAME <u>Irene King</u>		14. NAME OF HUSBAND OR WIFE <u>George Beierle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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>Fred Wheeler, Bethany, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL OBSTRUCTION.</u>			DUPLICATE OF (a) <u>INTESTINAL OBSTRUCTION.</u>			<u>14 da.</u>		
*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			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO (b) <u>INCARCERATED Inguinal Hernia - 14 da.</u>			DUE TO (c) <u>Direct Inguinal Hernia.</u>			<u>2 yrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. <u>5610</u>					

19a. DATE OF OPERATION <u>3/20/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Incarcerated Inguinal Hernia Small Bowel obstruction</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bethany - Missouri</u>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>	
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22. I hereby certify that I attended the deceased from 3/20, 1953, to 3/20, 1953, that I last saw the deceased alive on 3/21, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clara C. Canty, D.O.</u>		23b. ADDRESS <u>Bethany - Missouri.</u>		23c. DATE SIGNED <u>3/22/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>3/24/53</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark L. Bonted, Bethany, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Clark L. Foutch

Licensed Embalmer No. 4831

P. O. Address, Bethany, 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.