

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17307**  
**23**

FILED JUN 2 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5183** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (When deceased lived. If institution, residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural, Byrd</b>	c. LENGTH OF STAY (If in this place) <b>7 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Byrd</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson, Mo. R.R.3</b>		d. STREET ADDRESS (If rural, give location) <b>Jackson, Mo. R.R.3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Linda</b>	b. (Middle) <b>Lou</b>	c. (Last) <b>Beal</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>June 7, 1945</b>	9. AGE (In years less birthday) <b>7</b> IF UNDER 1 YEAR Months Days IF UNDER 2 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Arthur Beal</b>	13b. MOTHER'S MAIDEN NAME <b>Goldie Wilker</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Beal, Jackson, Mo. R.3</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis (degenerative intracranial process)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Continuous Epileptiform seizure</b> DUE TO (c) <b>Ideomotoric epilepsy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **May 6, 1953** to **May 25, 1953**, that I last saw the deceased alive on **May 25, 1953** and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George W. England, D.O.</b>	23b. ADDRESS <b>46 N. Main Cape Girardeau</b>	23c. DATE SIGNED <b>May 28, 1953</b>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <b>May 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Russell-Heights</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson, Mo.</b>
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DATE REC'D BY LOCAL <b>May 31-5 1953</b>	REGISTRAR'S SIGNATURE <b>A. E. Lubiano</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Crawford, Jackson, Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

*John C. Carcraft*

Licensed Embalmer No. *4327*

P. O. Address *Andover, Ma*

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.