

STANDARD CERTIFICATE OF DEATH

State File No. **45124**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>42</u>		
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. LENGTH OF STAY (in this place) <u>69 YR</u>		c. CITY OR TOWN <u>RFD KINGSVILLE MO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLDEN HOSPITAL & CLINIC</u>				e. STREET ADDRESS (If rural, give location) <u>ELM SPRING COMMUNITY 0570</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>BEALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 19 1953</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 6 1884</u>		
9. AGE (in years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOLDEN MISSOURI</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HOLDEN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>CHARLES BEALL</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA JONES</u>		14. NAME OF HUSBAND OR WIFE <u>BERTIE WAGNER BEALL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>599 143 398</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MILDRED DRANE HOLDEN MO</u> ADDRESS _____				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head & chest injuries</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>rec'd in auto accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 131</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 19 1953 3pm</u>		
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>12-19</u> , 19 <u>53</u> , to <u>12-19</u> , 19 <u>53</u> , that I last saw the deceased <u>at home 12-19, 1953</u> , and that death occurred at <u>7:55 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Colonel</u>				23b. ADDRESS <u>HOLDEN MISSOURI</u>		23c. DATE SIGNED <u>12-20-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-26-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELM SPRING</u>		24d. LOCATION (City, town, or county) (State) <u>ELM MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-1-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Redford</u>		1505		25. FUNERAL DIRECTOR'S SIGNATURE <u>CANADAY & ROPP</u> ADDRESS <u>HOLDEN MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

510
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RECEIVED
JAN 9 1954
DEPT.

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
Signature of Student Embalmer

Signed *W. R. Conroy*

Licensed Embalmer No. *3434*

P. O. Address *Holden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.