

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4338**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE MISSOURI b. COUNTY Osage	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY OR TOWN Linn	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 mo.		e. STREET ADDRESS (If rural, give location) 0760 /	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1613 E. Miller			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Fredrick c. (Last) Beller			4. DATE OF DEATH (Month) (Day) (Year) Feb - v 15 - 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 24 - 1879		9. AGE (In years last birthday) 74 if UNDER 1 YEAR: Months 6 Days 21 if UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Evansville Ind.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lafayette Beller		13b. MOTHER'S MAIDEN NAME Rice		14. NAME OF HUSBAND OR WIFE Bertrude Matthews	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-18-4302		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin M Beller Chester Ill	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Heart Disease			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis			
		DUE TO (b)			
		DUE TO (c)			
		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 443X		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) m.		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 1953** to **Feb 15 1954**, that I last saw the deceased alive on **Feb 10, 1954**, and that death occurred at **2:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. Osburn M.D.		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 2/16/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/17/53		24c. NAME OF CEMETERY OR CREMATORY Linn Public	
		24d. LOCATION (City, town, or county) (State) Linn Mo			

DATE REC'D BY LOCAL REG. Feb 16 - 1954		REGISTRAR'S SIGNATURE R. P. Duvree M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Blyde Norton Linn Mo	
				ADDRESS	

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.....
Signature of Student Embalmer

Signed.....
Vernon M. Masterson

Licensed Embalmer No. *412*

P. O. Address *Levin*

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.