

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

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25971

State File No.

BIRTH NO.		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>4502</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>stoddard</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Stoddard</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico</u>		d. STREET ADDRESS		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)		
(Type or Print) <u>Turner</u>	<u>B.</u>	<u>Beal</u>	<u>7</u>	<u>7</u>	<u>54</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>Jan 14 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>5</u>	IF UNDER 24 HRS. Hours <u>23</u>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leora Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William Beal</u>		13b. MOTHER'S MAIDEN NAME <u>Tenna Sifford,</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Beal,</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Clinton Puxico Mo.</u>				ADDRESS
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate</u>					
*This does not mean the mode of dying, such as heart failure, ashenia; etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
						<u>177X</u>	
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 <u>July, 1953</u> to <u>7-7, 1954</u> , that I last saw the deceased alive on <u>6-15, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. H. ...</u>				23b. ADDRESS <u>Puxico Mo</u>		23c. DATE SIGNED <u>7/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co.</u>		
DATE REC'D BY LOCAL REG. <u>7/26/54</u>		REGISTRAR'S SIGNATURE <u>Pearl Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Service</u>		ADDRESS <u>Puxico MO</u>	

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 Mursh Watkins

Licensed Embalmer No. 4717

P. O. Address Depler, Va

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.