

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 22023  
3012

BIRTH MO. <b>FILED AUG 3-1955</b>		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>33 2017 College Avenue 330</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Monroe</b> b. (Middle) <b>H.</b> c. (Last) <b>Beal</b>			4. DATE OF DEATH (Month) <b>7</b> (Day) <b>11</b> (Year) <b>1955</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 28, 1892</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Crawford, Arkansas</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>minister</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Doctor Beal</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Birdie Bell Beal</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-07-7871</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Birdie Bell Beal 2017 College</b>			
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease.</b>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>443</b>	
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)		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) (Min.)		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 <b>7-11-55</b> , 19____, to <b>7-14-55</b> , 19____, that I last saw the deceased alive on <b>7-14-55</b> , 19____, and that death occurred at <b>3:20 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE  (Degree or title) <b>0</b>				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-14-55</b>	
24a. BURIAL CREMATION (Specify) <b>Burial</b>		24b. DATE <b>July 18, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-15-55</b>		REGISTRAR'S SIGNATURE <b>News Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watters Bros. Funeral Home 1600 Benton</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
E. Frank Ellis, M.D.

**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... *Arue P. Watkins* .....

Licensed Embalmer No. *450* .....

P. O. Address *17th Street* .....

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.