

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28982

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1050
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 60 years		c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
e. STREET ADDRESS 2616 Penn Street		01170		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) W. c. (Last) Beale			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1955	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH September 5, 1871	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) credit manager		10b. KIND OF BUSINESS OR INDUSTRY Electrical Wholesale Co.	11. BIRTHPLACE (City and State or Foreign Country) Troy, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alfred W. Beale		13b. MOTHER'S MAIDEN NAME Mary Huffman	14. NAME OF HUSBAND OR WIFE Lillian Leota	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-14-4306	17. INFORMANT'S SIGNATURE OR NAME Ruth Beale, 2616 Penn, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 27 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized & cerebral arteriosclerosis DUE TO (c) 331X		unknown
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"/>
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 9-19, 1955, to 9-28, 1955, that I last saw the deceased alive on 9-27-55, 1955, and that death occurred at 4:20a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) William H. Ames, MD		23b. ADDRESS 902 Edmund St. City		23c. DATE SIGNED 9-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/29/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Sept 30, 1955	REGISTRAR'S SIGNATURE Luther M. Allison 485	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Neaton-Brown 21 St Joseph Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

Mr Thompson

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 *Richard D. Collins*

Licensed Embalmer No. *4959*
319 W 10th
P. O. Address *Ph. Joseph*

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.