

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30164**

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5758</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural South Miller</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u> c. CITY OR TOWN <u>Rural So. Miller</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0630</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eddy</u> c. (Last) <u>Beal</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>21</u> (Year) <u>1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9/22/1889</u>		9. AGE (In years last birthday) <u>65</u>		10. MONTH <u>11</u> DAY <u>29</u> YEAR <u>1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Allen Rook</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>George Beal</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George Beal, Dixon, Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>vascular hypertension</u> DUE TO (c) <u>331X</u> 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. INTERVAL BETWEEN ONSET AND DEATH <u>22 hours</u> <u>unknown</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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		21g. DATE OF OPERATION _____		21h. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>8-4</u> , 19 <u>55</u> , to <u>9-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-21</u> , 19 <u>55</u> and that death occurred at <u>11:40A m.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Pauline Howard</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Dixon, Mo</u>	
23c. DATE SIGNED <u>9-23-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Billings Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Miller County, Missouri</u>		24e. DATE REC'D BY LOCAL REG. <u>9-25-55</u>		24f. REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Maurice E. Schurba*

Licensed Embalmer No. *45*

P. O. Address *Dixon, Miss*

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.