

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32237

State File No.

1107

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 mos-3 days		c. CITY OR TOWN Bosworth		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 State Hospital #2				e. STREET ADDRESS (If rural, give location) 0170			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) BELL c. (Last) BEALS			4. DATE OF DEATH (Month) (Day) (Year) October 13, 1955				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Feb. 17, 1886	
				9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Teacher			10b. KIND OF BUSINESS OR INDUSTRY Teaching		11. BIRTHPLACE (City and State or Foreign Country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Crouch			13b. MOTHER'S MAIDEN NAME Alice Lucas		14. NAME OF HUSBAND OR WIFE Ira D. Beals (deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. M. Crouch, Bosworth, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia					3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis					
		DUE TO (c) H500					
		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 Aug 10, 1955, to Oct 13, 1955, that I last saw the deceased alive on Oct 12, 1955, and that death occurred at 1:55A m., from the causes and on the date stated above.							
23a. SIGNATURE Forrest Thomas M.D. (Degree or title)				23b. ADDRESS State Hospital #2, City		23c. DATE SIGNED 10/13-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 17, 1955	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery		24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri		
DATE REC'D BY LOCAL REG. Oct 21, 1955		REGISTRAR'S SIGNATURE 485 Father M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon, Chillicothe, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1956

NOV 28 1955

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 H. Randall*

Licensed Embalmer No. *486*

P. O. Address *Chillicothe*

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.