. No. 200
. 10.48

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

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35811

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 344

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Home #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green City
d. STREET ADDRESS (If rural, give location): No street address

10 50 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ada
b. (Middle): Charlottie
c. (Last): Beall

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 14, 1867
9. AGE (In years last birthday): 88
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Soloman Leeds
13b. MOTHER'S MAIDEN NAME: Kathern Baccus
14. NAME OF HUSBAND OR WIFE: George Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A. N. Beall, Green City, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis - Hypertension — 10 years

DUE TO (c) 332X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Two (2) Previous Cerebro-Vascular accidents. 1945 - 1950 - fractured hip 1950

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/21, 1955, *to* 11/18, 1955, *that I last saw the deceased alive on* 11/17, 1955, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. M. Tavaner Tillery M.D.
23b. ADDRESS: 800 W. Jefferson, Kirksville
23c. DATE SIGNED: 11/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 20, 1955
24c. NAME OF CEMETERY OR CREMATORY: Green City Cemetery
24d. LOCATION (City, town, or county) (State): Green City, Mo.

DATE REC'D BY LOCAL REG.: 11-20-55
REGISTRAR'S SIGNATURE: Vate Lambert L-O
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Glenn E. Kent & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Karl R. Kent

Licensed Embalmer No. 4688

P. O. Address Green City, Mo.

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.