

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41575

State File No.

FILED DEC 30 1955

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>228</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rolla</u> c. LENGTH OF STAY (in this place) <u>3 months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY OR TOWN <u>Malden</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>BEALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 23, 1955</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>February 20, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linetype operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Beall, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Beall</u>		13b. MOTHER'S MAIDEN NAME <u>Mary D. Nicka</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Homer Beall</u>		ADDRESS <u>Malden, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. myocarditis - acute failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>??</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute failure several days duration</u> DUE TO (c) <u>Ch. myocarditis - several years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smirality</u> <u>4222</u>			
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) _____		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 <u>12-19, 1955</u> to <u>12-23, 1955</u> , that I last saw the deceased alive on <u>12-19, 1955</u> and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Feind</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Rolla mo</u>		23c. DATE SIGNED <u>12-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

512
4

RECEIVED

Phelps County Health Officer,

County File Number 291

Date Filed DEC 29 1955

JAN 10 1956

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..... *Paul E. N...*

Licensed Embalmer No... *44*

P. O. Address..... *Rolla*

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.