

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41913

State File No. ....

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>8 hrs</u>	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>		STREET ADDRESS (If rural, give location) <u>Route 4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>		b. (Middle) <u>MAUD</u>	c. (Last) <u>BEISTLINE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1956</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>May 12, 1902</u>
9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galena, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Friese</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Fortney</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Beistline</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Beistline, Rte 4, Carthage, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis Chronic</u> ANTECEDENT CAUSES DUE TO (b) <u>interstitial arterosclerosis 10 yrs</u> DUE TO (c) <u>Cardiac Hypertrophy 1 mo.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus - 10 yrs.</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>Dec 19, 1956</u> , to <u>Dec 30, 1956</u> that I last saw the deceased alive on <u>Dec 30, 1956</u> , and that death occurred at <u>10:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George H. Wood</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>12-31-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery Carterville, Missouri</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>1-2-57</u>	REGISTRAR'S SIGNATURE <u>W. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Filed JAN 1 1951

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 Gene P. Pugh

Licensed Embalmer No. 423

P. O. Address Cartersville, Ga.

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.