

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5338**

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u> Registrar's No. <u>14</u>	
1. PLACE OF DEATH					
a. COUNTY <u>Knox</u>					
b. CITY OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>life</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
				a. STATE <u>Mo</u>	b. COUNTY <u>Knox</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>		c. CITY OR TOWN <u>Edina</u>		d. Is Residence within limits of a city or incorporated town? ☒ Yes ☐ No	
3. NAME OF DECEASED (Type or Print)		e. STREET ADDRESS (If rural, give location)			
a. (First) <u>CLARA</u>		b. (Middle)		c. (Last) <u>BEAL</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1957</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept 23, 1873</u>		9. AGE (In years last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>	
13a. FATHER'S NAME <u>Jacob Bishoff</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Shadle</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Beal</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Beal</u> ADDRESS <u>Edina, Mo</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Decompensated Hypertensive Heart Disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1949</u> , to <u>Feb. 24, 1957</u> , that I last saw the deceased alive on <u>Feb. 24, 1957</u> , and that death occurred at <u>9:20 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. D.O.</u>		23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>2.26.1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>27 Feb '57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Turner</u> ADDRESS <u>Edina, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 2-57</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>			

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *297*

P. O. Address *Edina*

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.