

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5481

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4315 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>	
b. CITY OR TOWN <i>La Plata</i>		c. CITY OR TOWN <i>La Plata</i> ⁰⁶⁰⁰	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <i>509 N. Sex</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Eliza</i>		b. (Middle) <i>Diane</i>	
		c. (Last) <i>Beall</i>	
		4. DATE OF DEATH (Month) (Day) (Year) <i>2 11 57</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>13-7-1877</i>
9. AGE (In years last birthday) <i>78</i>		10. MONTHS <i>11</i> DAYS <i>4</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nursekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Luther Abraham</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Mercier</i>	
14. NAME OF HUSBAND OR WIFE <i>John T Beall</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. John T. Beall</i>		ADDRESS <i>La Plata Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs.</i> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		<i>332x</i>	
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) <i>0</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <i>Jan 1, 1954</i> , to <i>Feb 11, 1957</i> , that I last saw the deceased alive on <i>Feb 11, 1957</i> , and that death occurred at <i>11:30 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Inscribed or typed) <i>Harold D. Veck</i>		23b. ADDRESS <i>La Plata Mo</i>	
23c. DATE SIGNED <i>2/11/57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Feb-13-57</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>La Plata Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>La Plata MO</i>	
DATE REC'D BY LOCAL REG. <i>2/14/57</i>		REGISTRAR'S SIGNATURE <i>Ruth M. Neely</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>D.S. Prutic</i>		ADDRESS <i>La Plata MO</i>	

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

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County File No.
Date Filed 2-21-57

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata

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.