U.S. No. 300
Rev. 10-48

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

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9590

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY PETTIS
b. CITY OR TOWN SEDALIA (If outside corporate limits, write RURAL and give township) 0
c. LENGTH OF STAY (In this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BOTHWELL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY PETTIS
c. CITY OR TOWN SEDALIA 0809
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) ROUTE 4

3. NAME OF DECEASED (Type or Print)
a. (First) AIBERT
b. (Middle)
c. (Last) BEALER

4. DATE OF DEATH (Month) (Day) (Year) Mar 24, 1957

5. SEX 0 Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Feb 2, 1880
9. AGE (In years last birthday) 77 — 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) Well Driller
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and State or Foreign Country) Veloit, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Mamie Buhler
14. NAME OF HUSBAND OR WIFE Georgia Titus

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

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) NEPHRITIS WITH UREMIA — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) EMPHASEMA.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. MYOCARDITIS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
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* MARCH 18 57, *to* Death, 19__, *that I last saw the deceased alive on* 24 MARCH, 19 57, *and that death occurred at* 6:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Karl B Gonser MD (Degree or title)
23b. ADDRESS Sedalia Mo.
23c. DATE SIGNED 25 March 57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/27/57
24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery
24d. LOCATION (City, town, or county) California (rural), Mo. (State)

DATE REC'D BY LOCAL REG. 3/27/57
REGISTRAR'S SIGNATURE Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE Shane Funeral Home — ADDRESS Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

5410

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia MT

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.