

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34677

STATE FILE NUMBER

FILED NOV 12 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Calenwood Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stichler</u>		Length of stay in 1b	d. STREET ADDRESS <u>Jimtown</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Albert Jasper Beeler</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>29</u> Year <u>57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 20 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Schuyler</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Martin Beeler</u>			14. MOTHER'S MAIDEN NAME <u>Eliza Bass</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>2</u>		16. SOCIAL SECURITY NO. <u>494-42-474X</u>	17. INFORMANT <u>Mina Beeler</u> Address <u>Edenwood Mo</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____, Month _____, Day _____, Year _____ a. m. _____, p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>10-10-57</u> to <u>10-29-57</u> and last saw <u>him</u> alive on <u>10-29-57</u> Death occurred at <u>8:50</u> a.m. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W. Stichler MD</u> (Degree or title)			22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>10-30-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 31-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gene Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Lancaster Mo</u>
24. FUNERAL DIRECTOR <u>Noeman</u>		25. DATE RECD. BY LOCAL REG. <u>11-2-1957</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0013
0
000
-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Norman Funeral Home
Greencastle, Mo

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 *How E. Lester*

Licensed Embalmer No. *477*
P. O. Address *Greencastle*

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