

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

308-58

237

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 99

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. JosephInside Limits
Yes No c. CITY
OR
TOWN St. JosephInside Limits
Yes No c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mo. Methodist Hosp.Length of stay in 1b
9 hrs.d. STREET
ADDRESS R. F. D. #3

(If outside, give location)

Reside on Farm
Yes No

3. NAME OF DECEASED

(Type or print)

First Middle Last
FRANCIS LEROY BEAHLER4. DATE
OF
DEATHMonth Day Year
Jan. 23 1958

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH

Jan. 23, 1958

9. AGE (In years
last birthday) 10. FUNDER 1 YEAR 11. IF UNDER 24 HRS.
Months Days Hours Min.
8 4510a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (City and state or country)

St. Joseph Missouri

12. CITIZEN OF WHAT COUNTRY?

U S A

13a. FATHER'S NAME

Howard Beahler

13b. MOTHER'S MAIDEN NAME

Carol Jean Groce

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mr. Howard Beahler

Address

St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

asphyxia

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

not sure

DUE TO (c)

8 hrs 45
minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

7620

19. WAS AUTOPSY
PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE
WORK AT WORK20e. 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
Death occurred at 6:15P

Jan 23 5-8 to Jan 23 5-8 and last saw him alive on Jan 23-58

22a. SIGNATURE (Degree or title)

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-25-58

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Joseph

(State) Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

James General Home St. Joseph, Mo.

Jan. 27, 1958

Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H

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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 *George A. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *St. Joseph, Mo.*

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.