

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006780

STATE FILE NUMBER

FILED FEB 20 1958

Registration District No. 290 Primary Registration District No. 5987 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Pulaski Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Wilder Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Wilder Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Dewey Last Beal				4. DATE OF DEATH Month 1 Day 13 Year 58			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2/1/1900	
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Miller County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Miller County, Missouri	
13. FATHER'S NAME Benjamin Franklin Beal				14. MOTHER'S MAIDEN NAME Caroline Allen			
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. 500-07-0783		17. INFORMANT Address Mrs. Dewey Beal, Dixon, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Carcinoma of Right Kidney 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) Pyelonephritis **** Arteriosclerotic Heart Disease 180X 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 a. m. p. m. Month, Day, Year							
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 11-1-1957 to 12-10-57 and last saw him alive on 1/13/58 Death occurred at 4:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. ADDRESS Dixon, Missouri		22c. DATE SIGNED 1-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/16/1958		23c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		23d. LOCATION (City, town, or county) (State) Dixon, Missouri	
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc. Dixon, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-58		26. REGISTRAR'S SIGNATURE Eula Grace Anderson	

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 January - 13 - 1958, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred H. Gilman

Licensed Embalmer No. 23

P. O. Address Shion

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.