

with, self, public, service, 1110, 00, 56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008612

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEAR PIEDMONT		c. CITY OR TOWN NEAR PIEDMONT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 3 mi. SOUTHEAST	
3. NAME OF DECEASED (Type or print) GUSTAVE		4. DATE OF DEATH JAN. 29, 1958	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 30, 1875	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (City and state or country) BOKHEIM GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME GEORGE W. BEISEMAN		14. MOTHER'S MAIDEN NAME ELIZABETH RHODA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT ADA BEISMAN		Address PIEDMONT, 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) Brain tumor large Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension severe DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 10 days 2 years D.K.	
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.) 33/X	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Piedmont River Wayne MO		COUNTY STATE	
21. I attended the deceased from Dec 157 to Jan 29 1958 and last saw him alive on Jan 22-58 Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE L. E. Fanning M.D. (Degree or title)	
22b. ADDRESS Piedmont MO		22c. DATE SIGNED 1-31-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-1-58	
23c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		23d. LOCATION (City, town, or county) PIEDMONT (State) MO.	
24. FUNERAL DIRECTOR Lisk Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 5, 1958	
26. REGISTRAR'S SIGNATURE J. W. Ward			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 12 1958

WAYNE CO. HEALTH CENTER
FILE NO. _____

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 *me*....., Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marvin E. Bowles*

Licensed Embalmer No. *44*

P. O. Address *Redmond*

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.