

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009409
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 115-116 Primary Registration District No. 30-20 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Franklin			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pendleton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.		Length of stay in 1b 1 1/2 hrs.	d. STREET ADDRESS (If outside, give location) Warrenton R.R.#3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle August Last Beller			4. DATE OF DEATH Month April Day 5 , Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1883		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) St. Charles County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marcus Beller		13b. MOTHER'S MAIDEN NAME Elizabeth Boehmer	
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 Mrs. Wm. Hambach		Address R.R.#3 Warrenton, 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) <i>Generalized arteriosclerosis</i> DUE TO (b) <i>Stroke</i> DUE TO (c) <i>Possible central thrombolytic type subarachnoid</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500					INTERVAL BETWEEN ONSET AND DEATH <i>sub</i> <i>over</i>
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.) 0			
20c. TIME OF INJURY Hour 8:55 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 <i>April 5 1958</i> to <i>April 5 1958</i> and last saw her alive on <i>April 5 1958</i> Death occurred at <i>8:55 P.</i> m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Donald W. Stoecker M.D.</i>		22b. ADDRESS <i>Warrenton Mo</i>		22c. DATE SIGNED <i>4-7-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-8-58		23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Church	
23d. LOCATION (City, town, or county) (State) Truesdale, Mo.		24. FUNERAL DIRECTOR F.W. Nieburg & Co., Warrenton, Mo.		25. DATE RECD. BY LOCAL REG. 4/8/58	
26. REGISTRAR'S SIGNATURE <i>F.P. Widmann</i>					

(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.

alth,elfare,lic,vice

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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 *John J. Lieburg*
Licensed Embalmer No. 3897
P. O. Address Warrenton, Or.

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.