

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-014794
State File No.

FILED APR 22 1958

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 20		
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox				
b. CITY (If outside corporate limits, write RURAL and give township) Edina		c. LENGTH OF STAY (in this place) 14 mo		c. CITY OR TOWN Edina		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence of son				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) THOMAS			a. (First) (none)		c. (Last) BEAL		4. DATE OF DEATH (Month) (Day) (Year) Apr 8, 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Feb. 12, 1879		9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME James M. Beal			13b. MOTHER'S MAIDEN NAME Mary T. Beach		14. NAME OF HUSBAND OR WIFE Clara Bishoff			
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'S SIGNATURE OR NAME James Beal			ADDRESS Edina, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure ANTECEDENT CAUSES DUE TO (b) Prolonged recumbency DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4500		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from July 19, 1949, to April 8, 1958, that I last saw the deceased alive on April 8, 1958, and that death occurred at 12:30P m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) D.O. J				23b. ADDRESS Edina, Missouri		23c. DATE SIGNED 4/14/58		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10 Apr '58		24c. NAME OF CEMETERY OR CREMATORY Linville Cemetery		24d. LOCATION (City, town, or county) (State) Edina, Missouri		
DATE REC'D BY LOCAL REG. Apr. 16		REGISTRAR'S SIGNATURE Helle A. Hundt		25. FUNERAL DIRECTOR'S SIGNATURE A. G. Ormer		ADDRESS Edina, 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..... *AG Rimer*

Licensed Embalmer No. *504*

P. O. Address *Edina, Mn*

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.