

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010703  
STATE FILE NUMBER  
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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital Length of stay in 1b 3  
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jefferson  
c. CITY OR TOWN Pevely Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Rte. # 1 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
George H Beeler Feb. 27, 1959

5. SEX Male 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  8. DATE OF BIRTH June 5, 1907 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY General Farming 11. BIRTHPLACE (City and state or country) Herculaneum, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Alvy Beeler 13b. MOTHER'S MAIDEN NAME Deliah Whitworth 14. NAME OF HUSBAND OR WIFE Never Married

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. 498-03-3147 17. INFORMANT Address Engene Achter, Rte. # 1, Pevely, 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) Coronary Occlusion  
Coronary Sclerosis  
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) 4201  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19. WAS AUTOPSY PERFORMED? YES  NO  2

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 WORK  NOT WHILE AT WORK  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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (degree or title) Patrick J. Taylor Coroner 22b. ADDRESS 1300 Clark DATE SIGNED FEB 28 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Mar. 2, 1959 23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery 23d. LOCATION (City, town, or county) (State) Zion, Missouri

24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Festus, Mo. 25. DATE RECD. BY LOCAL REG. MAR 2 '59 26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frederick B. [Signature]*

Licensed Embalmer No. *4976*  
P. O. Address *Ferrous 7*

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.