

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-036727

STATE FILE NUMBER

FILED VS NOV 9 1959

Registration District No.

169

Primary Registration District No.

Registrar's No.

56

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, give TOWNSHIP only) OR TOWN Edina		c. CITY OR TOWN Edina			
Inside Limits Yes ☒ No ☐		Inside Limits Yes ☐ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gibson Hospital		Length of stay in lb 26 days			
d. STREET ADDRESS 0520		(If outside, give location) Reside on Farm Yes ☐ No ☐			
3. NAME OF DECEASED (Type or print) First FLETCHER Middle ALEXANDER Last BEAL		4. DATE OF DEATH Month Nov Day 2 Year 1959			
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 25 May 1871		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days 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			
11. BIRTHPLACE (City and state or country) Scotland County		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Marion Beal		13b. MOTHER'S MAIDEN NAME Mary T. Beach			
14. NAME OF HUSBAND OR WIFE Lottie Lingenfelter		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. F. A. Beal			
Address Edina, 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) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Anemia 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 10 days 10 years 1 year	
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 ☐ 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 Death occurred at Nov 2-1959 6:25 m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her alive on Nov 2-1959			
22a. SIGNATURE Ed Phillips M.D. (Degree or title)		22b. ADDRESS Edina Mo			
22c. DATE SIGNED 11-3-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4 Nov '59			
23c. NAME OF CEMETERY OR CREMATORY Linville Cemetery		23d. LOCATION (City, town, or county) (State) Edina, Missouri			
24. FUNERAL DIRECTOR W. R. Rimer ADDRESS Edina, Mo		25. DATE RECD. BY LOCAL REG. Nov. 4-1959			
26. REGISTRAR'S SIGNATURE Thos. A. Hummel					

"HUDSON-FUNERAL HOME"

(Licensed Embalmer's Statement on Reverse Side)

NOV 25 1956

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 Primer*

Licensed Embalmer No. *5041*

P. O. Address *Edina, Mo*

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.