

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 2 2 1

FILED VS DEC 28 1959

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. Registrar's No. 388

ENDED

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger R. F. D Benton Twp		Length of stay in 1b		c. CITY OR TOWN Novinger, R. F. D		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION A. W. Kephart's Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Benton Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leander Middle R. Last Beall				4. DATE OF DEATH Month Dec. Day 19, Year 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/20/1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Nebraska		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME Cogle Beall			13b. MOTHER'S MAIDEN NAME Stella Sanders			14. NAME OF HUSBAND OR WIFE X		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. A. W. Kephart, Novinger, 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) Pernicious Anemia							INTERVAL BETWEEN ONSET AND DEATH 1 yr 90	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
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 Jan 1958 to Dec 19-1959 and last saw him alive on Dec 19-1959 Death occurred at 4:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE H. N. Garrison M.D. (Degree or title)				22b. ADDRESS Novinger, Missouri			22c. DATE SIGNED 12-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/23/59		23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) Kirkville, Mo		
24. FUNERAL DIRECTOR Paul W. Patten ADDRESS Kirkville, Mo.			25. DATE RECD. BY LOCAL REG. Dec. 24, 1959		26. REGISTRAR'S SIGNATURE Dora W. Ratliff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. T. GARRISON, M. D.

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 Kenneth E. Hayer

Licensed Embalmer No. 4890

P. O. Address Kirkville, 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.