

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 12 1960

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STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. Registrar's No. 2

ENDED

1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Liberty</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mile S. of Lutesville</u>		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) <u>10 mile S. of Lutesville</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>C</u> Last <u>BEEL</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1959</u>			
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Jan. 4, 1880</u>	
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Leopold, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Beel</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Van der Mierden</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Robert Beel</u>		Address <u>Lutesville Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>				<u>5 Hours</u>			
DUE TO (c) <u>Arteriosclerosis</u>				<u>Years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 <u>A</u> a.m. p.m. Month, Day, Year							
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 <u>DEC 31-9</u> to <u>DEC 31-9</u> and last saw him alive on <u>DEC. 31-9</u> Death occurred at <u>5</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. A. Masters</u>		(Degree or title)		22b. ADDRESS <u>OO Advance MO 457</u>		22c. DATE SIGNED <u>MO 457</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 2, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Leopold Mo.</u>	
24. FUNERAL DIRECTOR <u>Baker Funeral Home, Lutesville, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>1-6-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.