

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022066

FILED VS. MAY 25 1960 356

Registration District No. \_\_\_\_\_ Primary Registration District No. 4521 Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Texas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Houston</b>		Length of stay in 1b <b>90 min.</b>		c. CITY OR TOWN <b>Houston</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>County Memorial Hosp.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1 mi. NW Houston</b>	
3. NAME OF DECEASED (Type or print) First <b>Russell</b> Middle <b>Dean</b> Last <b>Beller</b>				4. DATE OF DEATH Month <b>May</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-27-04</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>M.F.A. Dairy Breeder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Employee</b>		11. BIRTHPLACE (City and state or country) <b>New Castle, Nebr.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John A. Beller</b>			13b. MOTHER'S MAIDEN NAME <b>Eva Lena Mendenhall</b>			14. NAME OF HUSBAND OR WIFE <b>Laura</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>499-07-1212</b>		17. INFORMANT Address <b>John Beller, Cabool, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Interabdominal and Pulmonary Hemorrhage</b> DUE TO (b) <b>Crushing injury chest and abdomen</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>	
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 checked="" 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.) <b>Automobile Accident</b>					
20c. TIME OF INJURY Hour <b>11:35</b> <sup>Hour</sup> <b>5-20-60</b> <sup>Month, Day, Year</sup>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <b>Highway 63 - 1 mi S.W. Raymondville - Texas - Missouri</b>					
21. I attended the deceased from <b>Funeral Home</b> and last saw him alive on <b>5-20-60</b>				Death occurred at <b>11:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joe A. Wall MD</b> (Degree or title)				22b. ADDRESS <b>Houston, Missouri</b>		22c. DATE SIGNED <b>5-21-60</b>	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/23/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri</b>				
24. FUNERAL DIRECTOR <b>Raymond E. Duff, Houston, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5/21/60</b>	26. REGISTRAR'S SIGNATURE <b>Myrtie Craig M.S.</b>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 9 1980

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Frank E. Wood*

Licensed Embalmer No. 4026

P. O. Address Houston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.