

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025676

FILED VS AUG 12 1960

Registration District No. 002 Primary Registration District No. 3019 Registrar's No. 36

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ANDREW</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROCHESTER TOWNSHIP</u>		Length of stay in 1b <u>10 months</u>		c. CITY OR TOWN <u>FILLMORE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shady Lawn</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 miles east</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)	
First <u>CHARLES</u>		Middle <u>K.</u>		Last <u>BEALL</u>		Month <u>August 3, 1960</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-6-78</u>	
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and state or country) <u>Rosendale, Mo. m</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Reuben Beall</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lewellen</u>			14. NAME OF HUSBAND OR WIFE <u>- - - -</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>- - -</u>		17. INFORMANT Address <u>Mrs. Elmer Barrow, Savannah, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
IMMEDIATE CAUSE (a) <u>Cerebral-Vascular Accident with left sided paralysis</u>							
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 <u>11-20-59</u> to <u>8-3-60</u> and last saw <u>him</u> alive on <u>7-28-60</u>		Death occurred at <u>5:30 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Legible or title) <u>Lawrence Bahum</u>				22b. ADDRESS <u>Savannah, Missouri</u>		22c. DATE SIGNED <u>8-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>8-5-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Whitesville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Whitesville, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BREIT & HAWKINS SAVANNAH</u>			25. DATE RECD. BY LOCAL REG. <u>8-8-60</u>		26. REGISTRAR'S SIGNATURE <u>Fillmore Sparks</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1960

STATEMENT BY LICENSED EMBALMER

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 James P. Hawk

Licensed Embalmer No. 4532

P. O. Address Dover

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.