

No. 300
10-48

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33280**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ElDorado Springs</u>		c. LENGTH OF STAY (in this place) <u>34 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ElDorado Springs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Twin Oaks</u>				d. STREET ADDRESS (If rural, give location) <u>Twin Oaks</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALLIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>BECK</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1949</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>"hite"</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 6, 1862</u>	
9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR Days <u>-</u> Hours <u>-</u> Min. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>					
13a. FATHER'S NAME <u>Alden Packard</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy McNight</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Beck</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'S SIGNATURE OR NAME ADDRESS <u>John W. Beck, ElDorado Springs, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown's myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 1947, to <u>10-16, 1949</u> , that I last saw the deceased alive on <u>10-14-1949</u> , and that death occurred at <u>8:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. L. Dawson M.D.</u>				23b. ADDRESS <u>ElDorado Springs Mo</u>		23c. DATE SIGNED <u>10-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 18, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT. 20, 1949</u>		REGISTRAR'S SIGNATURE <u>per E. L. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ElDorado Springs, Mo.</u>			

(Licensed Embalmer's Signature on Reverse Side)

RECEIVED

District Health Officer No.

District File Number 9-49-1

Date Filed 10-24-41

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
Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address

Edwards Springs

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 this body is not embalmed, fact should be so stated above.