

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34192

BIRTH NO.

REG. DIST. NO. 228

PRIMARY REG. DIST. NO. 5808

Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower (Rural)</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower Prarie</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Prarie Township</u>			
3. NAME OF DECEASED (Type or Print) <u>Clyde</u>		a. (First) <u>Carmi</u>		b. (Middle) <u>Beck</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 10 1880</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Practice</u>		9. AGE (In years last birthday) <u>70</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (State or foreign country) <u>Montgomery Co Mo.</u>		13a. FATHER'S NAME <u>Cephas L Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Feike</u>		14. NAME OF HUSBAND OR WIFE <u>**</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Beck</u>		ADDRESS <u>Bellflower 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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia (Interstitial Nephritis)</u>				<u>60 days</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic Interstitial Nephritis</u> <u>15 years</u>			
DUE TO (c) <u>Chronic Arterio Sclerosis</u> <u>20 years</u>				<u>592 X</u>			
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		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-13</u> , 19 <u>50</u> , to <u>10-21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-18</u> , 19 <u>50</u> , and that death occurred at <u>6:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robt Van Arsdale D.O.</u>				23b. ADDRESS <u>Montgomery City - Mo.</u>		23c. DATE SIGNED <u>10-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery Co Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 29-50</u>		REGISTRAR'S SIGNATURE <u>Mrs May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred L. Jones</u>		ADDRESS <u>Bellflower Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

M.O.

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

RECEIVED

NOV - 3 1950

DISTRICT HEALTH OFFICE No. 4

File No.

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.....

Me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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 this body is not embalmed, fact should be so stated above.