

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40096

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs 0701	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 Hickory St.		d. STREET ADDRESS (If rural, give location) 111 Hickory St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Beck			4. DATE OF DEATH (Month) (Day) (Year) Dec 9, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (State or foreign country) Cedar Co., Missouri U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph Beck	13b. MOTHER'S MAIDEN NAME Nancy Edelman Allen C. Beck - Deceased	14. NAME OF HUSBAND OR WIFE Joseph A. Beck, Bronaugh Mo		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph A. Beck, Bronaugh Mo		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension		abt. 1 yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

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)	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 Dec 3, 1950, to Dec 9, 1950, that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Chamberworth R. DO.	(Degree or title)	23b. ADDRESS El Dorado Spgs.	23c. DATE SIGNED 12-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Clintonville	24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
DATE REC'D BY LOCAL REG. Dec. 11, 1950	REGISTRAR'S SIGNATURE Hed Chamberworth	25. FUNERAL DIRECTOR'S SIGNATURE George W. Payne	ADDRESS El Dorado Springs, Mo.

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 151-11

Date Filed 1-4-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Max W. Gieslering

Signed.....
Student Embalmer

Licensed Embalmer No. 4696

P. O. Address Edwards

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.