

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40282

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>X</u> <u>0360</u>	
c. LENGTH OF STAY (In this place) <u>1 day.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>Krakow, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Franklin</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Beuke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16th, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 28, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (State or foreign country) <u>Krakow, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Beuke.</u>	13b. MOTHER'S MAIDEN NAME <u>Madeline Eckler.</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Beuke</u>
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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>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Haslag Krakow, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4222</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac degeneration</u>	DUE TO (b) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 12, 1950 to Dec 16, 1950, that I last saw the deceased alive on Dec 16, 1950 and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. ...</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Washington, Mo.</u>	23c. DATE SIGNED <u>Dec. 18, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1950.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Gertrude's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Krakow, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 18, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rieburg & Wittig Washington, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

362
0

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 23 1950

RECEIVED

JAN 9 1951

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 *Lester A. Witt* _____

Licensed Embalmer No. *32,54* _____

P. O. Address *Washington, Md.* _____

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.