

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hoberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>14 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>18 Mary St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Cormick</u>			
3. NAME OF DECEASED a. (First) <u>Yoynne M</u> b. (Middle) <u>T Beck</u> c. (Last) <u>Beck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 9-1951</u>	
5. SEX <u>7</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1909</u>
9. AGE (In years last birthday) <u>41</u>	10. MONTHS <u>9</u>	11. BIRTH PLACE (State or foreign country) <u>Newberry's 108 Headquarters Neb</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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	
13a. FATHER'S NAME <u>Roy Maddox</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Eugene Beck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>470-91-3741</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Doris Ahland</u>		ADDRESS <u>Rolla, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>April 8</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Perforation of small bowel</u>		to April 9	
DUE TO (c) <u>Intestinal obstruction</u>		April 8 to	
II. OTHER SIGNIFICANT CONDITIONS <u>Operation was performed April 8</u>		April 9	
19a. DATE OF OPERATION <u>April 8</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforations of small bowel; Intestinal obstruction</u>	
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) <u>5705</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>April 2, 1951</u> to <u>April 9, 1951</u> , that I last saw the deceased alive on <u>12:30 A.M., 1951</u> , and that death occurred at <u>8:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Sparks, D.O.</u>		23b. ADDRESS <u>311 Christian College Columbia, Missouri</u>	
23c. DATE SIGNED <u>4-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Park</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 11-51</u>		REGISTRAR'S SIGNATURE <u>Leah Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts</u>		ADDRESS <u>Columbia</u>	

Date Received: APR 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-57-741
Date Filed: APR 16 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 *R. Wheeler*

Licensed Embalmer No. 3183

P. O. Address Columbia 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.