

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11738

State File No. 11738

FILED APR 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>6182</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POLK TWP RURAL</u>		c. LENGTH OF STAY (in this place) <u>20</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POLK TWP- RURAL</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SULLIVAN CO NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>10511</u>			
3. NAME OF DECEASED (Type or Print) <u>CHAS</u>		a. (First) <u>MANSUR</u>		c. (Last) <u>BECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 30 52</u>	
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>DEC 5 1886</u>	
9. AGE (in years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen- Farm Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>		9. AGE (in years last birthday) <u>91</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>WILLIAM DAVID BECK</u>		13b. MOTHER'S MAIDEN NAME <u>MEDORA BOZARTH</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>N-1 BECK</u>		ADDRESS <u>MILAN</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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: _____ Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 12-52</u> <u>unknown</u>	
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 <u>Feb 12</u> , 19 <u>52</u> , to <u>Mar. 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 28</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Simpson</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Milans</u>		23c. DATE SIGNED <u>3-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle</u>		24d. LOCATION (City, town, or county) (State) <u>Green Castle Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 5-1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		320 FUNERAL DIRECTOR'S SIGNATURE <u>Furnell</u>		ADDRESS <u>Milans</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 3792

P. O. Address Melan. 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.