

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19773

FILED JUL 2-1952

| | | | | | | | |
|---|---------------------------|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 58 | | PRIMARY REG. DIST. NO. 5214 | | Registrar's No. 34 | |
| 1. PLACE OF DEATH a. COUNTY Carter | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carter | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Johnson | | c. LENGTH OF STAY (If applicable) 55 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Rural Johnson Twp. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 3, Van Buren, Mo. | | | | d. STREET ADDRESS (If rural, give location) Rt. 3, Van Buren, Mo. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) James | | b. (Middle) Christian | | c. (Last) Beck | | 4. DATE OF DEATH (Month) (Day) (Year) June 19, 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Nov. 7, 1869 | | 9. AGE (In years last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Trunderup, Denmark | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Never Married | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Beth Holland, Van Buren, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis & arterial hypertension</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>2 days</u> <u>8 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4-43X | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 12-12 1949, to June 19, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 10:00 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Frank J. Rucinski, D.O. | | 23b. ADDRESS Van Buren, Mo. | | 23c. DATE SIGNED 6-20-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 21, 52 | | 24c. NAME OF CEMETERY OR CREMATORY Yount Memorial | | 24d. LOCATION (City, town, or county) (State) Carter County, Mo. | |
| DATE REC'D BY LOCAL REG. June 30-52 | | REGISTRAR'S SIGNATURE Mrs. Octa Henson | | 50-2 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman W. Henson, Van Buren, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

0180

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

Alfred C. McHadden

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.