

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19881**

0264

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 140	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 Week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) Linn, Mo. R # 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Linn, Mo. R # 1			
3. NAME OF DECEASED (Type or Print) a. (First) Henry			b. (Middle) William		c. (Last) Beck		4. DATE OF DEATH (Month) (Day) (Year) June 13 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 3		8. DATE OF BIRTH 5/2/1886	9. AGE (In years last birthday) 66	# UNDER 1 YEAR 5 Months	# UNDER 1 Wks. 11 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Loose Creek Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Beck			13b. MOTHER'S MAIDEN NAME Mary G. Beck		14. NAME OF HUSBAND OR WIFE unknown-Divorced		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 513-12-6126		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records-Wellness office - Linn 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 15 min.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bladder diverticulum 3 yrs							
19a. DATE OF OPERATION June 10-52		19b. MAJOR FINDINGS OF OPERATION Epigastric Ventral Hernia				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5603			
22. I hereby certify that I attended the deceased from June 6, 1952 , to June 12, 1952 , that I last saw the deceased alive on June 12, 1952 , and that death occurred at 5:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. O. T. Clifton M.D.				23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 6-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 17 June 52		24c. NAME OF CEMETERY OR CREMATORY St. Georges		24d. LOCATION (City, town, or county) (State) Linn, Mo.	
DATE REC'D BY LOCAL REG. June 16-1952		REGISTRAR'S SIGNATURE R. P. Dorris		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton		ADDRESS Morton Funeral Home, Linn, Mo.	

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 Vernon Norton

Licensed Embalmer No. 4125

P. O. Address Jenn 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.