

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42734

State File No. ....

FILED JAN 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 283 PRIMARY REG. DIST. NO. 3037 Registrar No. 28

1. PLACE OF DEATH  
a. COUNTY Lawrence  
b. CITY OR TOWN Mo. Vernon  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR \_\_\_\_\_  
Residence 725 Southwest Ave.  
e. STREET ADDRESS (If rural, give location) 725 Southwest Ave.

2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission):  
a. STATE Missouri b. COUNTY Lawrence  
c. CITY OR TOWN Mo. Vernon  
d. STREET ADDRESS \_\_\_\_\_

3. NAME OF DECEASED (Type or Print)  
a. (First) Cora b. (Middle) Alice c. (Last) Beck  
4. DATE OF DEATH (Month) (Day) (Year) 12-31-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Jan 6 1884 9. AGE (In years last birthday) (Months) (Days) IF UNDER 1 YEAR: 67 yrs + IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homemaking 11. BIRTHPLACE (City and State or Foreign Country) Focky Comfort Mo 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME John W. Ripley 13b. MOTHER'S MAIDEN NAME Anna Rebecca Nash 13c. NAME OF HUSBAND OR WIFE \_\_\_\_\_

14. WAS DECEASED EVER IN U.S. ARMY FORCES? (If yes give war or dates of service) No. 15. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mudie L. Butler ADDRESS 3926 Mohrsta Pl. 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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Respiratory Failure  
ANTECEDENT CAUSES Pneumonia DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Arrested Tuberculosis 20 yrs  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 002X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec 29, 1952 to Dec 31, 1952, that I last saw the deceased give on Dec 31, 1952 and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David E. George Dr. 23b. ADDRESS Mo. Vernon, Mo 23c. DATE SIGNED Jan 2, 1953

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 24b. DATE 1-2-1953 24c. NAME OF CEMETERY OR CREMATORY Mo Hope Cem 24d. LOCATION (City, town, or county) (State) Webb City Mo.

DATE REC'D BY LOCAL REG. Jan 2, 1953 REGISTRAR'S SIGNATURE Paul Hendricks 25. FUNERAL DIRECTOR'S SIGNATURE Sherrill Nelson ADDRESS Mo. Vernon

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

550  
1

JAN 16 1953

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 Reida Thomsen

Licensed Embalmer No. 3590

P. O. Address Spokane, W. Id.

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.