

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1314

State File No.

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (to this place) 33 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 349 Myrtle ave. 3000

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Walter c. (Last) Beck
4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Oct. 11th 1880 9. AGE (In years last birthday) 72 10. UNDER 1 YEAR Months 0 Days 0 11. UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician R.R. 10b. KIND OF BUSINESS OR INDUSTRY Pullman Co. 11. BIRTHPLACE (City and State or Foreign Country) Slater Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John K. Beck 13b. MOTHER'S MAIDEN NAME Mary E. Plaskett 14. NAME OF HUSBAND OR WIFE Flossie Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or date of service) War #1, 1095617 16. SOCIAL SECURITY NO. 709-12-6027 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia Naylor 402 Bellefontaine

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic arterial occlusion Coronary
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis
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 4 yrs
592X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 Jan 1, 1951, to Jan 12, 1953 that I last saw the deceased alive on Jan 12, 1953, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Chas. S. Nelson (Degree or title) MD 23b. ADDRESS 3626 1/2 Independence Ave 23c. DATE SIGNED Jan 12-53

24a. BURIAL CREMATION (Specify) Burial 24b. DATE Jan. 15-1953 24c. NAME OF CEMETERY OR CREMATORY Slater Cemetery 24d. LOCATION (City, town, or county) (State) Slater Missouri

DATE REC'D BY LOCAL REG. 1-14-53 REGISTRAR'S SIGNATURE Sheldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster 918 Brooklyn K.C. Mo.

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 _____

Joe B Yoder

Licensed Embalmer No. *4173*

P. O. Address *K.C. 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.