

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9388**
Registrar's No. **313**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN B. F. F. L. D. 0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print) a. (First) Silas b. (Middle) M. C. Cagee c. (Last) Beck			4. DATE OF DEATH (Month) (Day) (Year) March 25, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-12-68	9. AGE (In years last birthday) 84	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) well drilled		10b. KIND OF BUSINESS OR INDUSTRY Well drilling		11. BIRTHPLACE (City and State or Foreign Country) Dallas County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Enoch Beck		13b. MOTHER'S MAIDEN NAME Marguerite Hendrix		14. NAME OF HUSBAND OR WIFE Mattie E. Beck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oris Enoch Beck, Bolivar, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Artery Thrombosis ANTECEDENT CAUSES Uremia DUE TO (b) Uremia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 day Unknown
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 **3-19** **1953**, to **3-25**, **1953**, that I last saw the deceased alive on **3-25**, **1953**, and that death occurred at **140** m., from the causes and on the date stated above.

23a. SIGNATURE James J. [Signature] (Degree or Title) M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 3-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 27, 53		24c. NAME OF CEMETERY OR CREMATORY OAK & ANN	
24d. LOCATION (City, town, or county) (State) Buffalo Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. B. [Signature] Buffalo Mo.			
DATE REC'D BY LOCAL REG. 3-27-53		REGISTRAR'S SIGNATURE Edith Williamson Registrar			

APR 1 1953

APR 6 1953

Handwritten signature

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 Walter B Jones

Licensed Embalmer No. 4322

P. O. Address Baltimore, Md.

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.