

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15263

State File No. ....

FILED APR 21 1953

BIRTH NO. .... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6967 Registrar's No. 24

<b>1. PLACE OF DEATH</b> a. CITY <u>Platte</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Weston</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Weston</u> d. STREET ADDRESS (If rural, give location) <u>8</u>																					
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Katherine W.</u> a. (First) <u>Beck</u> b. (Middle) c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>4-7-53</u>		<b>5. SEX</b> <u>female</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>never married</u>		<b>8. DATE OF BIRTH</b> <u>Aug. 11, 1864</u>		<b>9. AGE (In years last birthday)</b> <u>88</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>											
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Home</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Weston, Missouri</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>													
<b>13a. FATHER'S NAME</b> <u>Jacob F. Beck</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sophia Worth</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>XX</u>																	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				<b>16. SOCIAL SECURITY NO.</b> <u>none</u>				<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ada Wilson Weston, Mo.</u>				<b>ADDRESS</b> <u>Mo.</u>													
<b>18. CAUSE OF DEATH</b> 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.												<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>coronary arteriosclerosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Myocardial failure</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>												<b>INTERVAL BETWEEN ONSET AND DEATH</b>  _____	
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION.</b>  <u>4201</u>								<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>													
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)				<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Platte City, Missouri</u>																	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.				<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				<b>21f. HOW DID INJURY OCCUR?</b>																	
<b>22. I hereby certify that I attended the deceased from</b> <u>1/15/53</u> <sup>19</sup> , <b>to</b> <u>2/8/53</u> <sup>19</sup> , <b>that I last saw the deceased alive on</b> <u>2/8/53</u> <sup>19</sup> , <b>and that death occurred at</b> <u>8/7/53</u> <sup>19</sup> <b>m., from the causes and on the date stated above.</b>																									
<b>23a. SIGNATURE</b> <u>D.M. Miller</u> M.D. (Degree or title)								<b>23b. ADDRESS</b> <u>Platte City, Missouri</u>				<b>23c. DATE SIGNED</b> <u>4/13/53</u>													
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>				<b>24b. DATE</b> <u>4-9-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Pleasant Ridge</u>				<b>24d. LOCATION (City, town, or county) (State)</b> <u>Platte Co. Mo.</u>															
<b>DATE REC'D BY LOCAL REG.</b> <u>4-9-53</u>				<b>REGISTRAR'S SIGNATURE</b> <u>Opheia Ballins</u>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>VAUGHN FUNERAL HOME WESTON, MO.</u>				<b>ADDRESS</b> <u>Weston, Mo.</u>													

(Licensed Embalmer's Statement on Reverse Side)

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

830

No. 300  
10. 48

**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

*W. R. Vaughn*

Licensed Embalmer No.

*4023*

P. O. Address

*Weston, 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.