

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41819

State File No.

FILED NOV 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>335</u>		PRIMARY REG. DIST. NO. <u>4422</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> <u>1000</u>					
b. CITY OR TOWN <u>ORAN</u>		c. LENGTH OF STAY (In this place) <u>20 YRS.</u>		c. CITY OR TOWN <u>ORAN</u>		d. STREET ADDRESS (If rural, give location) <u>ORAN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORAN</u>				d. STREET ADDRESS (If rural, give location) <u>ORAN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>MALINDA</u> c. (Last) <u>BEKLUND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 10 1953</u>						
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCTOBER 23 1862</u>		9. AGE (In years last birthday) <u>91</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>IN OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> <u>0</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>GIBBS</u>			13b. MOTHER'S MAIDEN NAME <u>RACHEL BAIN</u>			14. NAME OF HUSBAND OR WIFE <u>LOUIS BEKLUND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JESS BEKLUND</u> ADDRESS <u>RANDLES, MO.</u>				
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) <u>Pulmonary stasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>cerebral arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>9/53</u> <u>indep-</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?					
22. I hereby certify that I attended the deceased from <u>8/5</u> , 19 <u>53</u> , to <u>11/10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>53</u> , and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. O'Neil M.D.</u> (Name or title)				23b. ADDRESS <u>Oran</u>			23c. DATE SIGNED <u>11/13/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 12 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PERKINS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PERKINS MO.</u>				
DATE REC'D BY LOCAL REG. <u>11-14-53</u>		REGISTRAR'S SIGNATURE <u>Miss Paul Beagle</u> <u>445-0</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Earl Smith</u>		ADDRESS <u>ORAN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 16 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 153-349

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 _____

Paul J. Smith
working under my personal supervision.

Student Embalmer No. 491

Student Paul J. Smith
Student Embalmer

Signed Paul J. Smith

Licensed Embalmer No. 2676

P. O. Address Owen, 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.