

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 - 1955

State File No. 514

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 2227 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Cars</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cars</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Rural Peculiar Twp.</u>		c. LENGTH OF STAY (in this place) <u>5 1/2 yrs</u>	c. CITY OF TOWN <u>Rural Peculiar Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MI N.W. of Harrisonville Mo</u>		e. STREET ADDRESS (If rural, give location) <u>4 MI N.W. of Harrisonville Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>XOUPS</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>PECIL</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan 31 1955</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<u>Married</u>	<u>Mar 14 1868</u>	<u>86</u>	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY
<u>Farming</u>		<u>Alden N.Y.</u>	<u>U.S.A</u>

13a. FATHER'S NAME <u>Arestes Beck</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Leith Beck</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Beck Harrisonville Mo</u>	ADDRESS <u>Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart failure</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4341</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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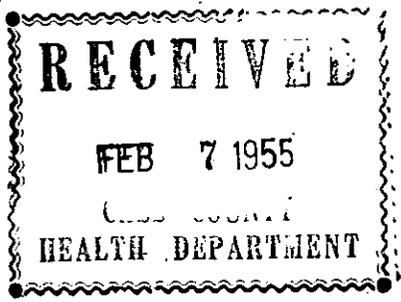
22. I hereby certify that I attended the deceased from JAN 31, 1955, to JAN 31, 1955, that I last saw the deceased alive on JAN 31, 1955, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Green D.P.S.</u>	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>2-2-55</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Feb 1-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) <u>Harrisonville</u>	24e. ZIP NO. <u>640</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 6, 1955</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dora Barriard</u>	ADDRESS <u>Pennsburg Harrisonville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



FEB 16 1955

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.....
Signature of Student Embalmer

Signed *James P. Phillips*.....

Licensed Embalmer No. *462*

P. O. Address *Harrison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.