

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26731

|                                                                                                                                                                                                                                                                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                          |                                |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. <u>124</u>                                                                                                                                                                                                                                           |                              | REG. DIST. NO. <u>163</u>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | PRIMARY REG. DIST. NO. <u>3031</u>                                                                                                       |                                | Registrar's No. <u>44</u>                                                                                                            |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>                                                                                                                                                                                                                |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u> |                                |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>De Soto</u>                                                                                                                                                                             |                              | c. LENGTH OF STAY (in this place) (township)<br><u>18 Mos.</u>                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | c. CITY OR TOWN<br><u>De Soto</u>                                                                                                        |                                | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>517 So. 2nd St.</u>                                                                                                                                                                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | f. STREET ADDRESS (If rural, give location)<br><u>517 So. 2nd St.</u>                                                                    |                                |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                                                         |                              | a. (First)<br><u>Ernest</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | b. (Middle)<br><u>Henry</u>                                                                                                              |                                | c. (Last)<br><u>Beck</u>                                                                                                             |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                                               |                              | 9-3-1955                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 9. (Month) (Day) (Year)                                                                                                                  |                                |                                                                                                                                      |  |
| 5. SEX<br><u>M</u>                                                                                                                                                                                                                                             | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH<br><u>9-2-1881</u> | 9. AGE (In years last birthday)<br><u>74</u>                                                                                             | IF UNDER 1 YEAR<br>Months Days | IF UNDER 4 HRS.<br>Hours Min.                                                                                                        |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>CARPENTER</u>                                                                                                                                                |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Ry CAR Shops</u>                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>De Soto, Mo</u>                                                                 |                                | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                        |  |
| 13a. FATHER'S NAME<br><u>John Beck</u>                                                                                                                                                                                                                         |                              | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Cape</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 14. NAME OF HUSBAND OR WIFE<br><u>Stella Beck</u>                                                                                        |                                |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>No</u>                                                                                                                                           |                              | 16. SOCIAL SECURITY NO.<br><u>None</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Stella Beck - De Soto, Mo.</u>                                                           |                                |                                                                                                                                      |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                |                              | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Angina pectoris</u><br>DUE TO (c) <u>Arteriosclerosis Coronary Arteries</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                     |                                                                                                                                          |                                | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 1/2 hours</u><br><u>7 years</u><br><u>7 years</u>                                           |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                         |                              | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                          |                                | 20. AUTOPSY?<br>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) (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>Sept 1</u> , 1955, to <u>Sept. 3</u> , 1955 that I last saw the deceased alive on <u>Sept. 3</u> , 1955, and that death occurred at <u>8-10 P m.</u> , from the causes and on the date stated above. |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                          |                                |                                                                                                                                      |  |
| 23a. SIGNATURE (Degree or title)<br><u>Thomas A. Donnell M.D.</u>                                                                                                                                                                                              |                              | 23b. ADDRESS<br><u>De Soto, Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                          |                                | 23c. DATE SIGNED<br><u>Sept. 6, 1955</u>                                                                                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>                                                                                                                                                                                                     |                              | 24b. DATE<br><u>9-6-55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Woodlawn</u>                                                                                    |                                | 24d. LOCATION (City, town, or county) (State)<br><u>De Soto Mo.</u>                                                                  |  |
| DATE REC'D BY LOCAL REG.<br><u>9-8-55</u>                                                                                                                                                                                                                      |                              | REGISTRAR'S SIGNATURE<br><u>Marie Larrabee</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J. Lee Mothershead</u>                                                                            |                                | ADDRESS<br><u>De Soto, Mo.</u>                                                                                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 10 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 *Andrew H. Engle*.....

Licensed Embalmer No. *47*.....

P. O. Address *De Soto*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.