

FILED NOV 25 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37480**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **348**

1. PLACE OF DEATH a. COUNTY Marion Onen Rumsey Beck		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. LENGTH OF STAY (in this place) (township) 36 hours	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		e. STREET ADDRESS (If rural, give location) 0870	

3. NAME OF DECEASED (Type or Print) Onen Rumsey Beck	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) November 16, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Boston Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Washington Jeffry Beck	13b. MOTHER'S MAIDEN NAME Mary Mansfield	14. NAME OF HUSBAND OR WIFE Florence Rouse Beck
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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) No None	16. SOCIAL SECURITY NO. 702-09-9012A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Onen Beck ADDRESS Hannibal Missouri
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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 31 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of Thoracic Aorta		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 451X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE A. L. Green M.D. (Degree or title)	23b. ADDRESS 100 north st	23c. DATE SIGNED 11/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/19/55	24c. NAME OF CEMETERY OR CREMATORY Mount Washington	24d. LOCATION (City, town, or county) (State) Independence Missouri
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DATE REC'D BY LOCAL REG. 11-17-55	REGISTRAR'S SIGNATURE 1890- Duke M. DeLoach by W. C. Fisher	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Fisher ADDRESS Hannibal Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1955
RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED NOV 22 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 *John S. Wood*

Licensed Embalmer No...1540...

P. O. Address Hannibal, Missouri

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.