

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1142

State File No.

Marshall

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5499 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Lincoln Twp.</u>		c. CITY OR TOWN <u>Lincoln Twp.</u>	
c. LENGTH OF STAY (in this place) <u>5 yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <u>5 mile S.E. of Hatfield</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Thomas</u> b. (Middle) <u>William</u> c. (Last) <u>Becks</u>		<u>1-22-56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-11-1879</u>
9. AGE (in years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Becks</u>		13b. MOTHER'S MAIDEN NAME <u>Adella Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>Clara Becks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Becks</u> ADDRESS <u>Eagleville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Failure</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lincoln Twp. Harrison Missouri</u>		21f. HOW DID INJURY OCCUR? <u>Heart failure, sudden death</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Marshall D.C.</u>		23b. ADDRESS <u>Coroner Harrison County</u>	
23c. DATE SIGNED <u>1-25-1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-25-56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Eagleville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/26/56</u>		REGISTRAR'S SIGNATURE <u>Zola Burres</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>MS/Jan</u>		ADDRESS <u>Bethany, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *M. S. [Signature]*

Licensed Embalmer No. *389*

P. O. Address *Bethany*

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.