

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH1875
State File No. 18

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5271 Registrar's No. 18

0570

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Lincoln</u> b. COUNTY <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Truxton</u>		c. CITY OR TOWN <u>Truxton Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		f. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie Beck</u>		b. (Middle) _____ c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1956</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>June 15-1872</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Rebecca Beck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Beck</u>		ADDRESS <u>Truxton 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>ACUTE MYOCARDITIS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HAEMORRHAGE</u> DUE TO (c) <u>ARTERIO-SCLEROTIC NEPHRITIS</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>442X</u>	
20. AUTOPSY? 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 (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>Aug 3-1955</u> , <u>Jan 8, 1956</u> that I last saw the deceased alive on <u>Jan 7, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>James O. Helm D.O.</u> (Degree or title)		23b. ADDRESS <u>New Florence Mo.</u>	
23c. DATE SIGNED <u>1-9-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10-1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hawpoint Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Co Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 11-1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edmund R. Riddle 162 Bellflower 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 Me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clarence Jones*.....
Licensed Embalmer No. 2978.....

P. O. Address Bellflower..M

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.