

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1956

State File No. 2293

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY OR TOWN Cuba	
c. LENGTH OF STAY (in this place) Rural		d. Is Residence within limits of a city or incorporated town? No	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps Co. Mem. Hosp.		e. STREET ADDRESS (If rural, give location) R. R. # 3, 5 Mi. S. W. of Cuba	

3. NAME OF DECEASED (Type or Print) a. (First) Laura		b. (Middle) May		c. (Last) Beck		4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 24, 1869	
9. AGE (in years last birthday) 86		IF UNDER 1 YEAR Months 7		IF UNDER 1 HRS. Days 7		Hours 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Montrose, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Michael Helms		13b. MOTHER'S MAIDEN NAME Martha King		14. NAME OF HUSBAND OR WIFE Edward Thomas Beck, Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. XXXXXXXXXXXX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Viola Bush, Rte 3, Cuba, Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Arrest		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral Thrombosis		10 days	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cardiac Decompensation		Unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332x		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 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?	

22. I hereby certify that I attended the deceased from **Jan 23, 1956**, to **Jan 31, 1956**, that I last saw the deceased alive on **Jan 31, 1956**, and that death occurred at **1:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. E. Carnahan		(Degree or title) M. D.		23b. ADDRESS Bourbon, Missouri		23c. DATE SIGNED Feb. 2, 1956	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/56		24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba, Missouri	
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DATE REC'D BY LOCAL REG. Feb. 2, 1956		REGISTRAR'S SIGNATURE Nadine L. Stolle		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Hamilton		ADDRESS Cuba, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 317

Date Filed 12 8 1900

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 .....
Licensed Embalmer No. 347

P. O. Address Cuba, Mo.

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.