No. 300
10.48
0900

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

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5969

State File No.

BIRTH NO. REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6079 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Reynolds
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Ellington St. Rt. Logan
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Reynolds
c. CITY OR TOWN: Ellington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
STREET ADDRESS (If rural, give location): St. Route 0900

3. NAME OF DECEASED (Type or Print)
a. (First): Otis
b. (Middle): Hughmar
c. (Last): Beck

4. DATE OF DEATH (Month) (Day) (Year): 2 - 25 - 56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Sept. 4, 1913
9. AGE (In years last birthday): 42
IF UNDER 1 YEAR: Months 5 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Corridon, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jerry Beck
13b. MOTHER'S MAIDEN NAME: Lillie Tripp
14. NAME OF HUSBAND OR WIFE: Zelpha Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-14-9987
17. INFORMANT'S SIGNATURE OR NAME: Zelpha Beck
ADDRESS: Ellington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide by Gunshot — 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):

DUE TO (c):

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: 976 x
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): own Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ellington, Reynolds, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 - 25 - 56 11:45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: By Gunshot

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* 11:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas Reed (Degree or title) Action Coroner
23b. ADDRESS: Centerville, Mo.
23c. DATE SIGNED: 2-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 2-27-56
24c. NAME OF CEMETERY OR CREMATORY: Pumpkin Hollow
24d. LOCATION (City, town, or county) (State): Ellington, Stock Rt. Mo.

DATE REC'D BY LOCAL REG.: 3-1-56
REGISTRAR'S SIGNATURE: Essie Evans 276
25. FUNERAL DIRECTOR'S SIGNATURE: Chas S. Peurtt
ADDRESS: Ellington, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received 3-6-56
Reynolds County Health (
File No. 356 - 15

MAY 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. S. Pewitt

Licensed Embalmer No. 45

P. O. Address Ellington

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