

FILED MAY 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17052

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>17052</u> <u>163</u>				
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u>				b. COUNTY <u>8640</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Fairfield Iowa</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>8</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>				e. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) <u>Alma Morawitz Beck</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH <u>May 5, 1956</u>			4. DATE OF DEATH (Month) (Day) (Year)							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>September 22, 1895</u>		9. AGE (In years last birthday) <u>60</u>		
						IF UNDER 1 YEAR Months <u>7</u>		IF UNDER 24 HRS. Hours <u>13</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Edward V. Morawitz</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Riedel</u>			14. NAME OF HUSBAND OR WIFE <u>F. H. Beck</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Miss Louise Morawitz, Hannibal Missouri</u>				
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>one half hr.</u>	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>							
			ANTECEDENT CAUSES							
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
			DUE TO (b) <u>Valvular Disease of heart</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 <u>Valvular disease Heart - Cor. Arteriosclerosis</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Apr 29, 1956</u> , to <u>May 5, 1956</u> that I last saw the deceased alive on <u>May 5, 1956</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>L. H. Beck, M.D.</u> (Degree or title)					23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>5-7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>			24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-7-56</u>		REGISTRAR'S SIGNATURE <u>Dr. Embury By McArthur</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Beckwith</u>			ADDRESS <u>Hannibal Missouri</u>		

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

MAY 14 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAY 14 1956

MAY 22 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. Crawford Smith*
Licensed Embalmer No. 381

P. O. Address Hannibal M

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