

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29729**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5078** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Dale Twsp.)		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 70 yrs.		e. STREET ADDRESS (If rural, give location) 2 1/2 Mi. East of Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) JUSTIN c. (Last) BECK			4. DATE OF DEATH (Month) (Day) (Year) Sept 17 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1883	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Atchison Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Maurice Beck		13b. MOTHER'S MAIDEN NAME Minnie Martin		14. NAME OF HUSBAND OR WIFE May Beck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-42-3369		17. INFORMANT'S SIGNATURE OR NAME Mrs. May Beck ADDRESS Fairfax 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
		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. Gangrene, foot		1 week

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222	
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"/>		21f. HOW DID INJURY OCCUR 3 ft.	

22. I hereby certify that I attended the deceased from **June 17, 1956**, to **Sept 16, 1956**, that I last saw the deceased alive on **Sept 16, 1956**, and that death occurred at **6:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward S. Bunn M.D.		23b. ADDRESS Tanbaid, Mo.		23c. DATE SIGNED 9/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-19-1956		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	
				24d. LOCATION (City, town, or county) (State) Fairfax Mo.	

DATE REC'D BY LOCAL REG. Sept 17, 1956		REGISTRAR'S SIGNATURE Tharvin J. Schuler		25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home ADDRESS Fairfax Mo.	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 *Marvin H. Schoeler*

Licensed Embalmer No. *41621*

P. O. Address *Fairfax, Va.*

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.