

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33428**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **94**

6000

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

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty		c. CITY OR TOWN Liberty	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) 3 yrs		e. STREET ADDRESS (If rural, give location) R1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R1 Liberty			

3. NAME OF DECEASED (Type or Print)	a. (First) Betty	b. (Middle) Louise	c. (Last) Beck	4. DATE OF DEATH (Month) (Day) (Year) Oct. 9-56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 10-1923	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME W.M. Beck	13b. MOTHER'S MAIDEN NAME Bessie May Whitlock	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	INFORMANT'S SIGNATURE OR NAME W.M. Beck	ADDRESS R1 Liberty, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH 5 mins.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epileptiform convulsions		30 mins.
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency & Crebinism		Congenital

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 253x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (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?
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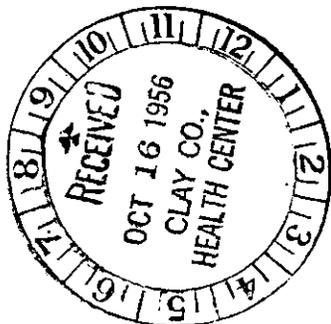
22. I hereby certify that I attended the deceased from **1950**, to **Oct 9**, 19**56**, that I last saw the deceased alive on **Oct 9**, 19**56**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE S.O. Schroeder	(Degree or title) M.D.	23b. ADDRESS Liberty, Mo.	23c. DATE SIGNED 10/9/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 11-56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Independence Mo.
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DATE REC'D BY LOCAL REG. 10-12-56	REGISTRAR'S SIGNATURE Mabel Straham	25. FUNERAL DIRECTOR'S SIGNATURE Churchman Co Liberty Mo.	ADDRESS
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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.....
James L. ...

Licensed Embalmer No. *4448*

P. O. Address *Liberty, N.C.*

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.