

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13736  
State File No. \_\_\_\_\_

FILED MAY 13 1957

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| BIRTH NO. _____                                                                                                                                                                                                                             |  | REG. DIST. NO. <u>169</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | PRIMARY REG. DIST. NO. <u>5614</u>                                                                                                  |  | Registrar's No. <u>33</u>                                                                                           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Knox</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Adair</b> |  |                                                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>13 mi S. E. of Edina</b>                                                                                                                                    |  | c. LENGTH OF STAY (in this place) <b>1 mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | c. CITY OR TOWN <b>Kirksville</b>                                                                                                   |  | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | f. STREET ADDRESS (If rural, give location) <b>2013 D</b>                                                                           |  |                                                                                                                     |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>AGNES</b>                                                                                                                                                                              |  | b. (Middle) <b>MARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | c. (Last) <b>BECK</b>                                                                                                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 3, 1957</b>                                                         |  |
| 5. SEX <b>F</b>                                                                                                                                                                                                                             |  | 6. COLOR OR RACE <b>W</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                                               |  | 8. DATE OF BIRTH <b>3 Nov 1880</b>                                                                                  |  |
| 9. AGE (In years last birthday) <b>76</b>                                                                                                                                                                                                   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>homekeeper</b>                                                                                                                                                                                                                                                                                                                                                             |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Scotland County, Mo</b>                                                       |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                                                             |  |
| 13a. FATHER'S NAME <b>W. Monroe Commons</b>                                                                                                                                                                                                 |  | 13b. MOTHER'S MAIDEN NAME <b>Ella Dillinger</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 14. NAME OF HUSBAND OR WIFE <b>John W. Beck</b>                                                                                     |  |                                                                                                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                 |  | 16. SOCIAL SECURITY NO. <b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Garth Beck Novelty, Mo</b>                                                          |  |                                                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.             |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b><br>ANTECEDENT CAUSES<br><b>Pneumonia (Bronchial)</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Arteriosclerosis</b> |  |                                                                                                                                     |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>May 2-57</b><br><b>May 3-57</b>                                              |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                      |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4221                                                                                                                                |  | 20. AUTOPSY? <b>2</b><br>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) (Min.)                                                                                                                                                                                      |  | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <b>May 3</b> , 1957, and that death occurred at <b>12 A</b> m., from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                     |  |                                                                                                                     |  |
| 23a. SIGNATURE <b>F. D. Holmes D.C.</b>                                                                                                                                                                                                     |  | (Degree or title) <b>Novelty</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 23b. ADDRESS <b>7140</b>                                                                                                            |  | 23c. DATE SIGNED <b>May 6, 1957</b>                                                                                 |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                                                                                                                                                                                     |  | 24b. DATE <b>5 May '57</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Salem Cemetery</b>                                                                        |  | 24d. LOCATION (City, town, or county) (State) <b>Knox County, Mo</b>                                                |  |
| DATE REC'D BY LOCAL REG. <b>May 8</b>                                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE <b>Helle S. Hunolt</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>A. B. Primer</b>                                                                                |  | ADDRESS <b>Edina, Mo</b>                                                                                            |  |

(Licensed Embalmer's Statement on Reverse Side)

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 A. S. Rimer, Student Embalmer No. 544  
working under my personal supervision..

Student A. S. Rimer  
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, Minn.

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.