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Dr. Ward

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004949
STATE FILE NUMBER

FILED MAR 4 - 1958

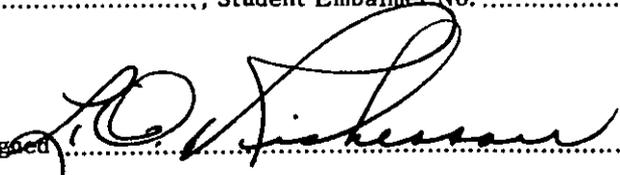
Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 32

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Gallatin</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Gallatin</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u> | | | Length of stay in lb <u>5 Yrs</u> | d. STREET ADDRESS <u>---</u> | | (If outside, give location) <u>0310</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>Charles</u> Last <u>Beck</u> | | | | 4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1958</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 24 1887</u> | | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Walter Beck</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Belle Beard</u> | | 14. NAME OF HUSBAND OR WIFE <u>Maude Beck (Dec'd)</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 Address <u>Mrs. Ola Grove Gallatin, Mo.</u> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status asthmaticus</u> DUE TO (b) <u>Bronchial asthma</u> DUE TO (c) <u>241X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>72 hr</u> <u>unknown</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Cardiovascular Disease</u> | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour <u>2:10</u> Month <u>Feb</u> Day <u>16</u> Year <u>1958</u> a.m. <u>A</u> p.m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Gallatin Mo</u> | | 20g. COUNTY <u>Daviess</u> | |
| 20f. STATE <u>Mo</u> | | 21. I attended the deceased from <u>Feb 1 1958</u> to <u>Feb 16 1958</u> and last saw her alive on <u>Feb 16 1958</u> Death occurred at <u>2:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE (Degree or title) <u>Edward J. Ward M.D.</u> | | | | 22b. ADDRESS <u>Gallatin Mo</u> | | 22c. DATE SIGNED <u>2/18/58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-19-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Brom Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Gallatin, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Hope Funeral Home</u> | | ADDRESS <u>Gallatin, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-10-58</u> | 26. REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u> | | |

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 

Licensed Embalmer No. 3307
P. O. Address Ballston

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.