

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009164
STATE FILE NUMBER

FILED APR 1 1958

Registration District No. 56 Primary Registration District No. 4080 Registrar's No. _____

300
-57
170
1

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 So. Pine		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 500 So. Pine		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle William Last Beck			4. DATE OF DEATH Month March Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) Norborne, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Beck		13b. MOTHER'S MAIDEN NAME Pauline Hobercht		14. NAME OF HUSBAND OR WIFE Grace 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. 495-24-9828		17. INFORMANT Mrs. J. W. Beck Address Norborne, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 20+ years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Unknown					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 4214	
				COUNTY _____ STATE _____	
21. I attended the deceased from March 1940 to 3-29-58 and last saw him alive on 3-29-58 Death occurred at 6:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Raymond J. Carroll M.D.			22b. ADDRESS 212 South Pine St. Norborne, Mo.		22c. DATE SIGNED 3-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/30/58	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery		23d. LOCATION (City, town, or county) (State) Norborne, Mo
24. FUNERAL DIRECTOR Deitch Funeral Home, Norborne, Mo.			25. DATE RECD. BY LOCAL REG. 3-29-58		26. REGISTRAR'S SIGNATURE Eileen Peniston

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Coroner, etc., must be causally related. All diseases in Part I must be causally related.

APR 7 1958

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 *Ben W Gibson*

Licensed Embalmer No. *2964*
P. O. Address *Carrollton*

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.