

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018798
State File No.

FILED JUN 2 1958
BIRTH NO.

REG. DIST. NO. 162

PRIMARY REG. DIST. NO. 5375

Registrar's No. 61

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Rock Township c. LENGTH OF STAY (In this place) 11 yrs		c. CITY OR TOWN R. R. 0500	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION near Arnold, Mo.			
e. STREET ADDRESS		(If rural, give location) near Arnold, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) William J.	b. (Middle) Beck	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 21, 1958
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 17, 1878	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Oakville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Beck	13b. MOTHER'S MAIDEN NAME Katherine (Unknown)	14. NAME OF HUSBAND OR WIFE Elizabeth Hoppie Beck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. Hacker	ADDRESS R. R. 1 Imperial, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Magna Aortic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 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.) 4202	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Arnold Jefferson (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1923**, 19**58**, to **5/21**, 19**58**, that I last saw the deceased alive on **5/15**, 19**58**, and that death occurred at **6:40** p.m. from the causes and on the date stated above.

23a. SIGNATURE Heilich (Degree or title)	23b. ADDRESS Imperial Mo	23c. DATE SIGNED 5/22/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 24, 58	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Oakville, Mo.
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DATE REC'D BY LOCAL REG. 5-24-58	REGISTRAR'S SIGNATURE Robert E. Bauer	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag	ADDRESS Imperial, Mo.
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JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

MAY 28 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..... *Arthur W. Healey*

Licensed Embalmer No. *3872*

P. O. Address *Imperial*

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.