Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040828
STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Como) Risco — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Risco 0720 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Dora Middle Ann Last Beck
4. DATE OF DEATH Month Nov. Day 16 Year 1958
5. SEX Female
6. COLOR OR RACE Caue.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 8, 1885
9. AGE (In years last birthday) 73 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bernie, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME ? Thurman
14. MOTHER'S MAIDEN NAME ? Hadley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. no.
17. INFORMANT Edward Beck Address Risco, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) age
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4344
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1957, to Nov. 17, 58 and last saw her alive on 11-12-58
Death occurred at 9:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Geo. W. Husted, M.D. 0
22b. ADDRESS Parma, Mo
22c. DATE SIGNED 11/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 19-1958
23c. NAME OF CEMETERY OR CREMATORY Malden Park Cemetery
23d. LOCATION (City, town, or county) (State) Malden, Mo.
24. FUNERAL DIRECTOR Landess Funeral Home ADDRESS Campbell, Mo
25. DATE RECD. BY LOCAL REG. 11-20-58
26. REGISTRAR'S SIGNATURE Dr. Geo W Husted, M.D

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED _____
NEW MADRID CO. HEALTH CENTER
P.J.S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Christine M. Landess

Licensed Embalmer No. 42

P. O. Address Campbe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.