

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020834
STATE FILE NUMBER

FILED JUN 25 1959

Registration District No.

100

Primary Registration District No.

3

Registrar's No.

38

S. 300
v. 1-57

31

4

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem				Inside Limits Yes ☒ No ☐		c. CITY Rural OR TOWN Current Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Knox Nursing Home				Length of stay in lb 2 yrs		d. STREET ADDRESS Route 5	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle HENRY Last BECK				4. DATE OF DEATH Month June Day 18 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ 2 WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Dec 27 1888	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer				10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Springfield, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME James Franklin Beck				13b. MOTHER'S MAIDEN NAME Mary Katherine Ellis		14. NAME OF HUSBAND OR WIFE Etta Vaughn (Dec'd)	
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. 499-03-9517A		17. INFORMANT E. J. Knox Address Salem, 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) Cerebral vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis - esp. Hypertension DUE TO (c) 20 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 331X							INTERVAL BETWEEN ONSET AND DEATH 20 days
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 7:30 Month, Day, Year June 19 1959 a.m. P.M.							
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 Cisne		STATE Illinois	
21. I attended the deceased from 1956 , to 6-18-59 and last saw him alive on 6-18-59 . Death occurred at 7:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph P. Burnett (Degree or title) 20				22b. ADDRESS 415 E. High		22c. DATE SIGNED 6-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 19 1959		23c. NAME OF CEMETERY OR CREMATORY Cairnes Cemetery		23d. LOCATION (City, town, or county) (State) Cisne Illinois	
24. FUNERAL DIRECTOR Max L. Warfel ADDRESS Salem, Mo.				25. DATE RECD. BY LOCAL REG. 6/19/59		26. REGISTRAR'S SIGNATURE M. M. Hark, M.D. by	

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 May L. Wafer
Licensed Embalmer No. 4170
P. O. Address Salem, N.J.

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.