

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031207

FILED VS AUG 26 1959 340

Primary Registration District No. 4503 Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bernie Length of stay in 1b years c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard c. CITY OR TOWN Bernie Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) East part of Bernie Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Joseph George Beeking			4. DATE OF DEATH Month Day Year August 15, 1959		
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 2-2-82 (1882)	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker (retired)		10b. KIND OF BUSINESS OR INDUSTRY Truck driving		11. BIRTHPLACE (City and state or country) Ridgeway, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Beeking		13b. MOTHER'S MAIDEN NAME Mary Neglie	
14. NAME OF HUSBAND OR WIFE Columbia Beeking		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None Unknown			
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mr. Victor Beeking Bernie, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis of the Respiratory System					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE		
21. I attended the deceased from <u>Mar. 21, 1958</u> to <u>Aug. 10, 1959</u> and last saw ^{her} him alive on <u>Aug. 10, 1959</u> Death occurred at <u>8100 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) F. D. Kelley D.O.			22b. ADDRESS Bernie, Mo.		22c. DATE SIGNED 8-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-59	23c. NAME OF CEMETERY OR CREMATORY Bernie Cemetery		23d. LOCATION (City, town, or county) (State) Bernie, Missouri	
24. FUNERAL DIRECTOR ADDRESS H. Duffie		25. DATE RECD. BY LOCAL REG. 8-22-59		26. REGISTRAR'S SIGNATURE Delma V. Jenkins	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, Missouri

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