URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 8 1960

60-009933

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 368

NDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 Virginia — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 115 Virginia — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: MINNIE Middle: Last: BECK

4. DATE OF DEATH Month Day Year: March 19, 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/20/1866
9. AGE (last birthday): 94 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: own home
11. BIRTHPLACE (City and state or country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Van Horn
13b. MOTHER'S MAIDEN NAME: Carrie Mansfield
14. NAME OF HUSBAND OR WIFE: James A. Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: W. M. Woodward, 2321 S.15th, St. Joseph, 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) Natural Causes - Unattended Death - Investigated by City Health Dept.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 2:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE City Health Officer Robert W. Kieber, MD
22b. ADDRESS St Joseph, Mo
22c. DATE SIGNED 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/22/1960
23c. NAME OF CEMETERY OR CREMATORY: Antioch Cemetery
23d. LOCATION (City, town, or county) (State): Gower, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman, ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 24, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

R W Kieber M.D.

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 Charles Deiss, Student Embalmer No. 60

working under my personal supervision.

Student Charles F. Deiss Jr.
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address

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