

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010742

FILED VS MAR 28 1960

Registration District No. 112 Primary Registration District No. 5386 Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Howell		b. CITY (If outside corporate limits, give TOWNSHIP only) Goldsberry		a. STATE Missouri		b. COUNTY Howell	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in 1b		c. CITY OR TOWN Mountain View,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Route # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First George		Middle W.		Last Beck		Month Day Year March 15, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/23/77	9. AGE (last birthday) 82	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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Leaf River, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm. H. Beck			13b. MOTHER'S MAIDEN NAME Mary Speck		14. NAME OF HUSBAND OR WIFE Freda Beck		
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. 486-24-4100		17. INFORMANT Address Freda Beck Route # 2 Mtn. View, 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH Immed
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							
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. <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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 7:45 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Duncan				22b. ADDRESS Mtn. View, Mo.		22c. DATE SIGNED 3-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/18/60	23c. NAME OF CEMETERY OR CREMATORY Old City Cemetery		23d. LOCATION (City, town, or county) Mountain View, Missouri		
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.				25. DATE RECD. BY LOCAL REG. -3-21-60		26. REGISTRAR'S SIGNATURE Laura Mitchell	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 28 1960

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

Richard A. North

Licensed Embalmer No. 502

P. O. Address Mt. View

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