

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 0 1961

325

-61-004279

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Schyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schyler</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RFD Greentop SALT RIVER TWP</u>				Length of stay in lb <u>60 yrs</u>		c. CITY OR TOWN <u>Greentop MO RFD.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home - Rural Route v</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Winnie</u> Middle <u>(Gregory)</u> Last <u>Beck</u>				4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1961</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-9-1882</u>		9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>16</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>				11. BIRTHPLACE (City and state or country) <u>Schyler Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Mathew Thompson Gregory</u>				13b. MOTHER'S MAIDEN NAME <u>Louisa (Johnson) Gregory</u>				14. NAME OF HUSBAND OR WIFE <u>Victor J. Beck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Victor J. Beck</u> Address <u>Greentop, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis (probable)</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Aging</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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. <input type="checkbox"/> Yes <input checked="" 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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>									
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 <u>not at all</u> to <u></u> and last saw her <u>not at all</u> alive on <u></u> Death occurred at <u>1:30 a.m. (an estimate)</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>V. H. Cassel</u> (Degree or title)						22b. ADDRESS <u>800 West Jefferson, Kirksville, Mo.</u>			22c. DATE SIGNED <u>1/25/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 27-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fugate Cemetery</u>		23d. LOCATION (City, town, or county) <u>Queen City, Schuyler Co. Mo.</u>		(State) <u>61</u>			
24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home Inc.</u> ADDRESS <u>415 N. Franklin</u>				25. DATE RECD. BY LOCAL REG. <u>Kirksville, Mo. 1. 27/61</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. A. J. Griggs</u>					
<u>W. Jackson Pres</u> (Licensed Embalmer's Statement on Reverse Side)											

VS JAN 31 1961

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### 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 Larry K. Jackson, Student Embalmer No. 618  
working under my personal supervision.

Student Larry K. Jackson  
Signature of Student Embalmer

Signed Wm A Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville SA

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.