

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004963
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 607

Primary Registration District No. 3019

Registrar's No. 39

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED VS FEB 28 1961

1. PLACE OF DEATH
 a. COUNTY Dunklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Length of stay in lb 11 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Dunklin
 c. CITY OR TOWN Clarkton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Bobby Middle Joe Last Beck
4. DATE OF DEATH Month Feb. Day 21 Year 1961

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married** **Widowed** **Divorced**
8. DATE OF BIRTH Jan 30, 61 **9. AGE (last birthday)** 0 **IF UNDER 1 YEAR** Months 0 Days 21 **IF UNDER 24 HR** Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant **10b. KIND OF BUSINESS OR INDUSTRY** ----- **11. BIRTHPLACE** (City and state or country) Clarkton, Missouri **12. CITIZEN OF WHAT COUNTRY** USA

13a. FATHER'S NAME Louis R. Beck **13b. MOTHER'S MAIDEN NAME** Dortha Luallen **14. NAME OF HUSBAND OR WIFE** None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None **16. SOCIAL SECURITY NO.** None **17. INFORMANT** Louis R. Beck, Clarkton, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Meningitic (Organism unknown)
 DUE TO (b) Upper Respiratory Infection INTERVAL BETWEEN ONSET AND DEATH 2 weeks
 DUE TO (c) Unknown Cause
 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 9:30 a.m. p.m. Month, Day, Year Feb 10th 1961

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** Kennett, Mo. COUNTY STATE

21. I attended the deceased from Feb 10th 1961 to Feb 21, 1961 and last saw him/her alive on Feb 21 1961
 Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles L. Cash M.D. **22b. ADDRESS** Kennett, Mo. **22c. DATE SIGNED** 2/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 23 Feb. 61 **23c. NAME OF CEMETERY OR CREMATORY** Stanfield Cemetery **23d. LOCATION** (City, town, or county) (State) Near Clarkton, Missouri

24. FUNERAL DIRECTOR McDaniel Funeral Ser. Inc. ADDRESS Kennett, Mo. **25. DATE RECD. BY LOCAL REG.** 2-24-61 **26. REGISTRAR'S SIGNATURE** Earl Husman

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Senath, m

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.