SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-021834
STATE FILE NUMBER

AMENDED

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 22

FILED JUL 7 1961

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Linneus
Length of stay in 1b: 6 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mallet Rest Home
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Susie Middle: Edith Last: Beck
4. DATE OF DEATH: Month: June Day: 25 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/31/1888
9. AGE (last birthday): 73
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: Home
11. BIRTHPLACE (City and state or country): Sullivan County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Paul Shatto
13b. MOTHER'S MAIDEN NAME: Elizabeth
14. NAME OF HUSBAND OR WIFE: George Beck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Loretta Fanning Address: Linneus, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastric Cardinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year
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): Essential hypertension
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 March 3, 1961 to June 24, 1961 and last saw her/him alive on June 24, 1961
Death occurred at 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Denton Wilson, D.O.
22b. ADDRESS: Linneus, Mo.
22c. DATE SIGNED: 6-27-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/27/61
23c. NAME OF CEMETERY OR CREMATORY: White Oak Cemetery
23d. LOCATION (City, town, or county) (State): S.E. of Milan, Missouri
24. FUNERAL DIRECTOR: Schoene's by Geo. W. Davalt
ADDRESS: Milan, Mo
25. DATE RECD. BY LOCAL REG.: 6-30-1961
26. REGISTRAR'S SIGNATURE: Lavenia M. Mace

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Milan, MO

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.