

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023681

STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 23

AMENDED

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KELSO TWP.</u>		Length of stay in 1b <u>ACCIDENT</u>	c. CITY OR TOWN <u>CHAFFEE</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>Hwy. 77 WEST EDGE OF CHAFFEE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. #1 - WEST Edge - City Limits</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>WILFORD</u> Middle <u>JOSEPH</u> Last <u>BECK</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>22</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-23-1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (last birthday) <u>9</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u> IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
11a. FATHER'S NAME <u>WILFORD GEORGE BECK</u>		11b. MOTHER'S MAIDEN NAME <u>FRANCES ALMA HAHN</u>	11c. NAME OF HUSBAND OR WIFE <u>Does Not Apply</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>WILFORD G. BECK - Rt. #1 - CHAFFEE, Mo.</u> 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)	<u>Broken neck-Skull fracture left side of head about two inches back of left ear, fracture on left side of head about four inches above left ear.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 min or</u>
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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Struck by car while riding bicycle</u>
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>X</u> Month, Day, Year <u>6-22-61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy. 77 West of Chaffee, Mo.</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <u>Scott</u>	20f. COUNTY <u>Mo.</u>

21. I attended the deceased from First call after death and last saw her/him alive on —  
Death occurred at — m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Lyde R. Caron</u> (Degree or title)	22b. ADDRESS <u>Sikeston, Mo.</u>	22c. DATE SIGNED <u>6/27/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JUNE 24, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. AMBROSE CATHOLIC CEM.</u>
24. FUNERAL DIRECTOR <u>BISPLINGHOFF FUNERAL HOME</u>	25. DATE RECD. BY LOCAL REG. <u>June 30 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Bisplinghoff</u>
23d. LOCATION (City, town, or county) <u>CHAFFEE, Missouri</u>		23e. STATE <u>Missouri</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 6 1961

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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.