SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-024500
STATE FILE NUMBER

AMENDED

Registration District No. 75 Primary Registration District No. 3013 Registrar's No. 63

FILED JUL 19 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in 1b: 16 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Community Hosp. — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Mary Middle: Ella Last: Beck
4. DATE OF DEATH: Month: July Day: 2 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-30-1870
9. AGE (last birthday): 91 — 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: Own Home
11. BIRTHPLACE (City and state or country): Daviess Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Roberts
13b. MOTHER'S MAIDEN NAME: Millie Langston
14. NAME OF HUSBAND OR WIFE: Henry Beck (Dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Floyd Beck, Gallatin, Mo. Address

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): Fracture Sesquial Neck — INTERVAL BETWEEN ONSET AND DEATH: 16 days
DUE TO (b): Left Femur
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c): Hypostatic Pneumonia — 3 days
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.) Fracture occured at her home
20c. TIME OF INJURY: Hour 7 a.m. p.m. — Month, Day, Year: 6 17-61
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.): Her home
20f. CITY, TOWN, OR LOCATION: Gallatin COUNTY: Daviess STATE: Mo.
21. I attended the deceased from 6-16-61 to 7-2-61 and last saw her/him alive on 7-2-61
Death occurred at 1:P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Floyd E. Nelson (Degree or title) M.D.
22b. ADDRESS: Gallatin Mo.
22c. DATE SIGNED: 7-3-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-4-1961
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Gallatin, Missouri
24. FUNERAL DIRECTOR: L. D. Rickerson — ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: July 10-1961
26. REGISTRAR'S SIGNATURE: Francis D. Crawford

(Licensed Embalmer's Statement on Reverse Side)

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 _____ Signed L. O. Jackson
Signature of Student Embalmer

Licensed Embalmer No. 3301

P. O. Address Hallettsville,

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.