

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029890

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 101

AMENDED

FILED AUG 16 1961

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERCULANEUM</u>		c. CITY OR TOWN <u>HERCULANEUM</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT HOME</u>		d. STREET ADDRESS (If outside, give location) <u>NORTH MAIN ST</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ETHEL GERALDINE BECK</u>			4. DATE OF DEATH Month Day Year <u>AUG. 7, 1961</u>		
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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>10-17-03</u>	9. AGE (last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKER</u>	11. BIRTHPLACE (City and state or country) <u>FESTUS, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES VINYARD</u>	13b. MOTHER'S MAIDEN NAME <u>FRANCES COLEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>EMIL BECK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT Address <u>EMIL BECK, HERCULANEUM, MO.</u>
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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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
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) <u>Pathological fracture of femur due to ^{metastatic} plasma cell</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>—</u>
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	<u>—</u>
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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
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21. I attended the deceased from <u>July 2, 61</u> to <u>Aug 6, 61</u> and last saw her/him alive on <u>Aug 6, 61</u>	
Death occurred at <u>—</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Bertina Beggs</u> (Degree or title)	22b. ADDRESS <u>Festus, Mo</u>	22c. DATE SIGNED <u>8/8/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8-11-61</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>ZION LUTHERAN</u>	23d. LOCATION (City, town, or county) <u>PEVELY MISSOURI</u>
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24. FUNERAL DIRECTOR <u>James R. Cady - Crystal City, Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8/9/61</u>	26. REGISTRAR'S SIGNATURE <u>John W. Still, Deputy</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

J.

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 James Richard Cadry
Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.