

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

*D. Beckett*

**-61-036378**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE **82**

Registration District No. \_\_\_\_\_ Primary Registration District No. **3017**

Registrar's No. **149**

STATE FILE NUMBER

AMENDED

**FILED OCT 30 1961**

|                                                                                                   |  |                                                                                                                                      |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Cooper</b> |                                                                                                                                                              |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Boonville</b>             |  | Length of stay in 1b<br><b>42 years</b>                                                                                              | c. CITY OR TOWN <b>Boonville</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>622 3rd St.</b> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                            | d. STREET ADDRESS (If outside, give location)<br><b>622 3rd St.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>MAE</b> Middle <b>BAUER</b> Last <b>STRUTZ</b> |  |  | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>21</b> Year <b>1961</b> |  |  |
|------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------|--|--|

|                         |                                  |                                                                                                                                                             |                                    |                                     |                                            |                                          |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|--------------------------------------------|------------------------------------------|
| 5. SEX<br><b>female</b> | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/16/95</b> | 9. AGE (last birthday)<br><b>66</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|--------------------------------------------|------------------------------------------|

|                                                                                                               |                                                           |                                                                      |                                           |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Hostess</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Kemper School</b> | 11. BIRTHPLACE (City and state or country)<br><b>Union, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------|

|                                              |                                                  |                                                     |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME<br><b>Joseph P. Bauer</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Melvina Park</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Reg M. Strutz</b> |
|----------------------------------------------|--------------------------------------------------|-----------------------------------------------------|

|                                                                                                                       |                         |                                                              |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address<br><b>Reg M. Strutz Boonville, Mo.</b> |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|

|                                                                                                          |                                                |                                                 |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                                | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 mo</b> |
| IMMEDIATE CAUSE (a) <b>Metastatic Carcinoma</b>                                                          |                                                |                                                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <b>Carcinoma of Thyroid gland</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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                   |                                                                                                           |                                                                                              |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.) |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                   |                        |
|---------------------------------------------------|------------------------|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
|---------------------------------------------------|------------------------|

|                                                                                                        |                                                                                          |                                                  |                         |                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|---------------------|
| 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<br><b>Boonville</b> | COUNTY<br><b>Cooper</b> | STATE<br><b>Mo.</b> |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------|---------------------|

21. I attended the deceased from **July 11, 1961** to **Oct 21, 1961** and last saw her alive on **Oct 21, 1961**  
Death occurred at **12:38 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                               |                                  |                                  |
|---------------------------------------------------------------|----------------------------------|----------------------------------|
| 22a. SIGNATURE <b>T C Beckett</b> (Degree or title) <b>MD</b> | 22b. ADDRESS <b>Boonville Mo</b> | 22c. DATE SIGNED <b>10-23-61</b> |
|---------------------------------------------------------------|----------------------------------|----------------------------------|

|                                                            |                                |                                                                    |                                                                             |
|------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b> | 23b. DATE<br><b>Oct. 23/61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Walnut Grove Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>Boonville, Missouri</b> (State) |
|------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                              |                                  |                                                 |                                                 |
|----------------------------------------------|----------------------------------|-------------------------------------------------|-------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><b>B. W. Thacher</b> | ADDRESS<br><b>Boonville, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>10/23/61</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
|----------------------------------------------|----------------------------------|-------------------------------------------------|-------------------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1962

**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 Berry W. Shacker

Licensed Embalmer No. 3944

P. O. Address Boonville

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.