

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 4

FILED JAN 10 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Putnam		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		a. STATE Missouri		b. COUNTY Putnam	
Length of stay in 1b Life Time		c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First William		Middle E.		Last Beck		Month Day Year January 3 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-30-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 4 Days 3	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm hand		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or county) Putnam County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Beck			13b. MOTHER'S MAIDEN NAME Mary Buster		14. NAME OF HUSBAND OR WIFE Grace Beck		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT Richard L. Beck Address 604 S. Ward Street Ottumwa, Iowa			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Intra-aortic hemorrhage						1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Spontaneous rupture of aorta						1 hour	
DUE TO (c) of heart, pancreas & temporal bones							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Beaten by unknown assailant			
20c. TIME OF INJURY Hour 9 p.m. 1-3-62		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		20f. CITY, TOWN, OR LOCATION Unionville Putnam Mo		STATE	
21. I attended the deceased from _____ to _____ and last saw 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 Chas L. Judd (Degree or title) MD				22b. ADDRESS Unionville, Missouri			22c. DATE SIGNED 1-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 5 1962	23c. NAME OF CEMETERY OR CREMATOR Thompson Cemetery		23d. LOCATION (City, town, or county) Unionville, Mo.		(State)
24. FUNERAL DIRECTOR Comstock Funeral Home By John N. Comstock Address Unionville, Mo.				25. DATE RECD. BY LOCAL REG. 1-4-62		26. REGISTRAR'S SIGNATURE Marvell Durbin	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 20 1962
MAR 7 1962

JAN 19 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 John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Thionville, 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.