

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022822  
STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 93

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 13 1962

VS 300  
Rev. 4/59

6470  
20900

3  
4 0  
5 1  
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7 0  
8 2  
9 4201  
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12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>  |   | c. CITY OR TOWN <u>Corridon</u>   |  |
| Length of stay in 1b <u>2 hrs</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>   |   | d. STREET ADDRESS (If outside, give location) <u>Rt. 2</u>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Eugene</u> Middle <u>Wilbur</u> Last <u>Beck</u>  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>19</u> Year <u>1962</u>  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-18-1918</u>  |
| 9. AGE (last birthday) <u>44</u>  |   | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>1</u>  | IF UNDER 24 HR<br>Hours <u>4</u> Min. <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>   | 11. BIRTHPLACE (City and state or country) <u>Corridon, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |   | 13a. FATHER'S NAME <u>Jerry Beck</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Lillie Tripp</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Goldie Beck</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></u>   |  |
| 17. INFORMANT <u>Goldie Beck</u>  |   | Address <u>Rt 2 Corridon, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u></u><br>DUE TO (c) <u></u>                    |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u></u>                 |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u></u>  |  |
| 20c. TIME OF INJURY<br>Hour <u></u> a.m. <u></u> p.m. <u></u>   | Month, Day, Year <u></u>  |   |  |
| 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.) <u></u>          | 20f. CITY, TOWN, OR LOCATION <u></u>  | COUNTY <u></u> STATE <u></u>   |
| 21. I attended the deceased from <u>6-19-62</u> to <u>6-19-62</u> and last saw <sup>her</sup> him alive on <u>6-19-62</u>                                 |   |   |  |
| Death occurred at <u>3:10 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                       |   |   |  |
| 22a. SIGNATURE (Degree or title) <u>Marion C. Mennel MD</u>   |   | 22b. ADDRESS <u>Ironton, Missouri</u>   | 22c. DATE SIGNED <u>6-23-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>June 21, 1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Polk</u>  | 23d. LOCATION (City, town, or county) (State) <u>Corridon Mo.</u>  |
| 24. FUNERAL DIRECTOR <u>Sw. H. Kunsal</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>6-24-62</u>   | 26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

SEP 11 1962

SEP 11 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 Chas. S. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.