

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035707

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 71

FILED SEP 28 1962

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived prior to admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Parkerille</u>		c. CITY OR TOWN <u>A-3-Bx 397.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>at home</u>		d. STREET ADDRESS (If outside, give location) <u>Parkerille</u>	
3. NAME OF DECEASED (Type or print) <u>Pauline Beck</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>18</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Romanian</u>	7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3/1/80</u>
9. AGE (last birthday) <u>82</u>		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and state or country) <u>Solka Bukovina Romania</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Christopher Samborski</u>		13b. MOTHER'S MAIDEN NAME <u>Katharina Saliow.</u>	
14. NAME OF HUSBAND OR WIFE <u>John Beck deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Julia Samborski. Parkerille, Mo</u>	
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>congestive failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> 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. ☐ 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12-18-57</u> to <u>9-18-62</u> and last saw her alive on <u>9-14-62</u> Death occurred at <u>1 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ed Thurman MD</u>		22b. ADDRESS <u>6600 Toward Parkerille</u>	
22c. DATE SIGNED <u>9-20-62</u>		22d. LOCATION (City, town or county) (State) <u>Kansas City, Kansas</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Sept. 20-62 Mount Calvary</u>		23b. DATE <u>Sept. 20-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary</u>		23d. LOCATION (City, town or county) <u>Kansas City</u>	
24. FUNERAL DIRECTOR <u>L. N. Francis 7 Home Parkerille</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 20. 62</u>	
26. REGISTRAR'S SIGNATURE <u>Ophelia Rollins</u>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10830

20830

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94200

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1290-0

131-0

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

Leland H. Francis

Licensed Embalmer No.

3451

P. O. Address

Parkville, 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.