

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALL DATA 151640

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14995
Do not use this space.

1. PLACE OF DEATH 2

(a) County Hennepin 0 Registration District No. 352

(b) Township Deerpark Primary Registration District No. 4209

(c) City Montross (d) Street No. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Calvin W. Beck St. _____

(a) Residence, No. Montross Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elise Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

69 8 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. Day labor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Isom Beck 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Sara Fitzgerald 0

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Maudie Beck

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Montross DATE Apr 28 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) die + wellbeing Montross Mo

20. FILED 4-29 1940 W.E.B. Parry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26 1940

22. I HEREBY CERTIFY, That I attended deceased from 12/4, 1939, to 4/24, 1940

I last saw him alive on 4/24, 1940 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset _____

Other contributory causes of importance: 54

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1940

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joseph B. Gault, M. D.

(Address) Clinton, Mo

RECEIVED

District Health Officer No. 7,

District File Number 5-40-766

Date Filed 5-6-40

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, On the
26 day of April 1940, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton 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 this body is not embalmed, above space should be left blank.