

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1233

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 14

420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>804 N. Commercial</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			
3. NAME OF DECEASED a. (First) <u>WARREN</u> (Type or Print)		b. (Middle) <u>L.</u>	
c. (Last) <u>BECK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 15, 1895</u>
9. AGE (in years last birthday) <u>57</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	
11. BIRTHPLACE (State or foreign country) <u>Downs, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard H. Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Nanniel L. Funk</u>	
14. NAME OF HUSBAND OR WIFE <u>Gladys Whitell Beck</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W W I</u>		16. SOCIAL SECURITY NO. <u>486 03 6589</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Warren K. Beck, Windsor, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastro-Intestinal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cancer of Sigmoid</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 yr</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 18, 1951</u> , to <u>Jan. 9, 1953</u> , that I last saw the deceased alive on <u>Jan 9, 1953</u> , and that death occurred at <u>6:45 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. Claude M. Shurber M.D.</u>		23b. ADDRESS <u>Windsor, Missouri</u>	
23c. DATE SIGNED <u>1-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-12-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan-12-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u>		ADDRESS <u>Windsor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

3306 7 3 4 14

JAN 23 1953

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Uindley 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, fact should be so stated above.