

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15258

No. 300  
10.48

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

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 5023	Registrar's No. 2
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give town) Clinton		c. LENGTH OF STAY (in this place)		d. In Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 4-22-55
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hosp.		STREET ADDRESS (If rural, give location) 613 E Franklin		
3. NAME OF DECEASED (Type or Print) a. (First) Lorenzo b. (Middle) Nathaniel c. (Last) Beck		4. DATE OF DEATH (Month) (Day) (Year) May 25 1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 17, 1871	9. AGE (In years last birthday) 83 Months 11 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C W Beck		13b. MOTHER'S MAIDEN NAME Rebecca E. Norris		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Address J. J. Colton K.S. Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Base Skull  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Struck by auto		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) 2nd floor of		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-25-55 1A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by auto
22. I hereby certify that I attended the deceased from 5-25, 1955, to 5-25, 1955, that I last saw the deceased alive on 5-25, 1955, and that death occurred at 4 P. m., from the causes and on the date stated above.				
23a. SIGNATURE G. Walker M.D.		23b. ADDRESS Clinton MO		23c. DATE SIGNED 5-28-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/28/55	24c. NAME OF CEMETERY OR CREMATORY Norma	
24d. LOCATION (City, town, or county) (State) Henry County MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Florence Adair 7 L Schabey Clinton MO.		

(Licensed Embalmer's Statement on Reverse Side)

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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 F. L. Schaling  
Licensed Embalmer No. 43

P. O. Address Clinton

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.