

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4445

State File No.

BIRTH NO. 48-62995 REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4179 Registrar's No. 1

35

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u></u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Peggy</u> b. (Middle) <u>Ann</u> c. (Last) <u>Beek</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-23-49</u>			
5. SEX <u>fem.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Sept 15-48</u>	9. AGE (In years: last birthday) <u>5</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>8</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Clarkton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Louis R Beek</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtice Ford</u>	14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtice Beek</u> ADDRESS <u>Clarkton</u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flu Cold</u> <u>100%</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Premature week baby</u>			

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>	

22. I hereby certify that I attended the deceased from Feb 22, 1949, to Feb 23, 1949, that I last saw the deceased alive on Feb 23, 1949, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Carlstrom D.O.</u> (Degree or title)	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>2-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>	24b. DATE <u></u>	24c. NAME OF CEMETERY OR CREMATORY <u></u>	24d. LOCATION (City, town, or county) (State) <u></u>

DATE REC'D BY LOCAL REG. <u>2-25-</u>	REGISTRAR'S SIGNATURE <u>Freda Bailey</u> <u>88</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u></u> ADDRESS <u></u>
---------------------------------------	---	--

RECORDED
HEALTH DEPT. NO. 2
349-33
3-1-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.