

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18491

State File No. ....

FILED JUL 13 1949

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>195</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Davis</u>			
b. CITY OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>4 3 yrs.</u>		c. CITY OR TOWN <u>Bloomfield</u>		13	
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION <u>Community Nursing Home # 2</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>		b. (Middle) <u>Zella</u>		c. (Last) <u>Beckley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 - 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 12 - 1894</u>	
9. AGE (In years last birthday) <u>54</u>		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		11. BIRTHPLACE (State or foreign country) <u>Davis County Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles Rominger</u>		13b. MOTHER'S MAIDEN NAME <u>Clara E. Crumback</u>		14. NAME OF HUSBAND OR WIFE <u>Charles O. Beckley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chiff Rominger</u> ADDRESS <u>Bloomfield, Iowa</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis and Circulatory Failure</u> ANTECEDENT CAUSES (b) <u>Decubitus Ulcer and Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Failure</u> DUE TO (c) <u>Multiple sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>months</u> <u>years</u> <u>3 &amp; 5X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)		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>Jan 16, 1946</u> , to <u>July 7, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. J. Gutierrez</u>				23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>7-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield, Iowa</u>		24d. LOCATION (City, town or county) (State) <u>Bloomfield Iowa</u>	
DATE REC'D BY LOCAL REG. <u>7-3-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiff Rominger</u> ADDRESS <u>Bloomfield, Ia</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1  
3  
32

MAY 19 1950

JS  
DEC 14 1950

48  
4/14  
SK

48  
5/14

RECEIVED  
District Health Officer No  
District File Number 7-42-1  
JUL 12 1949

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 \_\_\_\_\_

*Belvinger*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Belvinger*

Signed \_\_\_\_\_  
Student Embalmer.

Licensed Embalmer No. 3554

P. O. Address *Bloomfield, Iowa*

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.