

No. 300
10.48

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32411

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3000 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY OR TOWN KIRKSVILLE		c. CITY OR TOWN KIRKSVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION COMMUNITY NURSING HOME #1		d. STREET ADDRESS (If rural, give location) (RURAL) ADAIR COUNTY INFIRMARY	

3. NAME OF DECEASED (Type or Print) BENJAMIN F. BECK			4. DATE OF DEATH OCT. 17, 1951		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH Sept. 18, 1884		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER; Cobbler		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) MISSOURI - ADAIR COUNTY	
13a. FATHER'S NAME PRESTON L. BECK			13b. MOTHER'S MAIDEN NAME FLORENCE BOZARTH		14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. J. L. Johnson, Novinger, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDULLARY PARALYSIS		ANTECEDENT CAUSES				1 hr.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) PURULENT Leptomeningitis				48 hrs.
		DUE TO (c) CHRONIC OTITIS MEDIA				4 MONTHS
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS				UNKNOWN

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 912		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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 **May 2, 1951**, to **Oct. 17, 1951**, that I last saw the deceased alive on **Oct. 17, 1951**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. T. Lutenbach (Degree or title)		23b. ADDRESS 20. Kirksville, Mo.		23c. DATE SIGNED 10-18-51	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Oct. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery		24d. LOCATION (City, town, or county) (State) Adair Co. Mo.	
DATE REC'D BY LOCAL REG. 10-19-51		REGISTRAR'S SIGNATURE Walter Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Harris		ADDRESS Kirksville, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

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Date Received: OCT 2 2 1961
DISTRICT HEALTH OFFICE #2
District File Number 1051-14
Date Filed: OCT 2 5 1961

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 Robert B. Harris.....

Licensed Embalmer No. 4219.....

P. O. Address Kirksville, 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.