

# STANDARD CERTIFICATE OF DEATH

FILED NOV 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 4558 Registrar's No. ....

0900  
3

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centerville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centerville</u> <u>0900</u>	
c. LENGTH OF STAY (in this place) <u>few hrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Social Security office Stepa</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeffery</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Beck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Oct 16 1866</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Iron County - mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph S Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Swyers</u>		14. NAME OF HUSBAND OR WIFE <u>Ruthy R Beck</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Beck</u> <u>Corridor</u> <u>MO.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion (of the heart)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (b) <u>Old age infirmities.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Office Bldg</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centerville Reynolds MO</u>
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. R. Pythe</u> <u>3</u> (Degree or title) <u>(Coroner)</u>	23b. ADDRESS <u>Centerville MO</u>	23c. DATE SIGNED <u>10/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 12 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Palke Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Corridor - Reynolds Co MO</u>
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DATE REC'D BY LOCAL REG. <u>11-14-26</u>	REGISTRAR'S SIGNATURE <u>S.M. Fitzpatrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Pruitt</u>	ADDRESS <u>Van Buren mo</u>
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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 .....  
Student Embalmer

Signed Seaton Peritt.....

Licensed Embalmer No. 2287.....

P. O. Address Van Buren 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.