

STANDARD CERTIFICATE OF DEATH

DR. CLARKE 42544 State File No.

FILED DEC 28 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY GREENE b. CITY OR TOWN SPRINGFIELD c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. 2. USUAL RESIDENCE a. STATE MISSOURI b. COUNTY GREENE c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes [X] No [] e. STREET ADDRESS 1022 E. DIVISION 0396

3. NAME OF DECEASED a. (First) JOHN b. (Middle) HENRY c. (Last) BECK 4. DATE OF DEATH DEC. 20 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED 8. DATE OF BIRTH JULY 26 1926 9. AGE 27

10a. USUAL OCCUPATION MEAT INSPECTOR 10b. KIND OF BUSINESS OR INDUSTRY PRODUCERS PRO. CO. 11. BIRTHPLACE RIENZI, MISSISSIPPI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN H. BECK 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? YES 16. SOCIAL SECURITY NO. 426-38-4792 17. INFORMANT'S SIGNATURE OR NAME Personal Records ADDRESS

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONCUSSION OF BRAIN INTERVAL BETWEEN ONSET AND DEATH 2 hrs. ANTECEDENT CAUSES Multiple fractures of Skull and of facial bones DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE Accident (Specify) 21b. PLACE OF INJURY Highway 21c. (CITY, TOWN, OR TOWNSHIP) Wilson Twp, (COUNTY) Greene (STATE) Missouri

21d. TIME OF INJURY 12-20-53 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [X] 21f. HOW DID INJURY OCCUR Auto accident

22. I hereby certify that I attended the deceased from 12-20, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Michael J. Celanke (Degree or title) 23b. ADDRESS 1630 N. Jefferson 23c. DATE SIGNED 12-21-53

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 12-21-53 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION Philadelphia, Mississippi (State)

DATE REC'D BY LOCAL REG. 12/22/53 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER ADDRESS SPRINGFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 14 1951
JAN 15 1951

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: *William J. Swadlow*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.