

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30177

State File No.

FILED OCT 4 1954

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		c. CITY OR TOWN <u>Gallatin</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 Yr.</u>		e. STREET ADDRESS (If rural, give location) <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>---</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u>	b. (Middle) <u>---</u>	c. (Last) <u>Beck</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1954</u>
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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>June 3 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>
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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 <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Platte County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Isham Fitzgerald</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia McGill</u>	14. NAME OF HUSBAND OR WIFE <u>Clarence Beck</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Beck, Gallatin, Missouri</u>
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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 <u>2 1/2 hrs</u> <u>about 1 yr.</u> <u>3 days</u> <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypostatic pneumonia</u>	(b) <u>Carcinoma breast pt with general metastasis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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.)	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 12-22-1953 to 9-25-1954, that I last saw the deceased alive on 9-25-1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Conner M.D.</u>	23b. ADDRESS <u>Gallatin Mo</u>	23c. DATE SIGNED <u>9/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-30-54</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0310

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 *L. O. [Signature]*.....

Licensed Embalmer No. 33

P. O. Address *Fallston*.....

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.