

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14937

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5269 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, McCracken Twp.	
c. LENGTH OF STAY (in this place) 18 Mths		d. STREET ADDRESS (If rural, give location) Rural, McCracken	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Virgie		a. (First)		b. (Middle)		c. (Last) Beck		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1955					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 1, 1897		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Wm. Hedgepeth			13b. MOTHER'S MAIDEN NAME Dora Caudle			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Affie Garrison, Sparta, Mo.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage							1 hr.	
		ANTECEDENT CAUSES								
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
		DUE TO (b)								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS							Urban	
		Conditions contributing to the death but not related to the disease or condition causing death.								

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)		331X			
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 29 am, 1955, to 29 am, 1955, that I last saw the deceased alive on 29 am, 1955, and that death occurred at 10¹⁵ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Rorer, M.D.		23b. ADDRESS Ozark, Mo.		23c. DATE SIGNED 2 May 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1955		24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery	
				24d. LOCATION (City, town, or county) (State) Christian, Missouri	

DATE REC'D BY LOCAL REG. May 5-1955		REGISTRAR'S SIGNATURE Lilla Leonard 59-0		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.