

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

FILED JAN 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43392**

BIRTH NO. _____		REG. DIST. NO. <b>187</b>		PRIMARY REG. DIST. NO. <b>5705</b>		Registrar's No. <b>47</b>	
1. PLACE OF DEATH a. COUNTY <b>LIVINGSTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-MONROE Twp</b>		c. LENGTH OF STAY (in this place) <b>5 YRS.</b>		c. CITY OR TOWN <b>RR., LUDLOW, MO.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 1/2 MI. N.W. LUDLOW, MO.</b>				e. STREET ADDRESS (If rural, give location) <b>2 1/2 MI. N.W. LUDLOW, MO.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>			b. (Middle) <b>LEROY</b>		c. (Last) <b>BECK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/16/1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11/16/1888</b>		9. AGE (in years last birthday) <b>67</b>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>HOLDEN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>JAMES BECK</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY KELLY</b>		14. NAME OF HUSBAND OR WIFE <b>GOLDIE V. BECK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>OLIVER EMERY, DAWN, MO.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Four Months</b> ANTECEDENT CAUSES <b>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Four Months</b> <b>Seven years</b>	
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) _____		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 <b>Dec. 14, 1955</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. S. Goldberg M.D.</b>				23b. ADDRESS <b>Braymer, Mo.</b>		23c. DATE SIGNED <b>12/18/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/19/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOLDEN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HOLDEN MO.</b>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>1-17-56 Frances B. Neill</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geneb. Michael, Braymer, Mo.</b>					

