

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9182**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg</u>		c. CITY OR TOWN <u>Holden</u>	
c. LENGTH OF STAY (If this place) <u>1 day</u>		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 <u>Warrensburg Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Madison Twp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADAM</u>	b. (Middle) <u>FRANK</u>	c. (Last) <u>BECK</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>MARCH 30 1957</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 8 1871</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<u>Never Married</u>			Months <u>8</u> Days <u>22</u>	Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Hand</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Weyburn Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>James Beck</u>	13b. MOTHER'S MAIDEN NAME <u>Jenny Kelly</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Goldie Beck</u>	ADDRESS <u>Holden 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Degeneration of feet</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</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 _____	20. AUTOPSY? <u>2</u> 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 3-29, 1957, to 3-30, 1957, that I last saw the deceased alive on 3-30, 1957, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)	23b. ADDRESS <u>Warrensburg Mo</u>	23c. REGISTERED _____
--	------------------------------------	-----------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden Mo</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Apr 8, 1957</u>	REGISTRAR'S SIGNATURE <u>Savannah Cutler</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Conrad J. Egg</u>	ADDRESS <u>Holden Mo.</u>
---	--	---	---------------------------

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

147

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 *M R Casaday*.....

Licensed Embalmer No. *3439*

P. O. Address *Holden, Mass.*

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.