

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040013

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 125

AMENDED

FILED DEC 5 1961		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Atchison		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		a. STATE Mo b. COUNTY Nodaway	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		Length of stay in lb 7 weeks		c. CITY OR TOWN Burlington Junction	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mabel Middle B Last Beck			4. DATE OF DEATH Month Nov Day 20th Year 1961		
5. SEX Female	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct-23-1898	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Bookkeeper		11. BIRTHPLACE (City and state or country) Iowa	
10c. CITIZEN OF WHAT COUNTRY Misso		13a. FATHER'S NAME Lou Baggs		13b. MOTHER'S MAIDEN NAME Ora Hannah	
13c. NAME OF HUSBAND OR WIFE W L Beck		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address W L Beck Burlington Junction,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis (b) Carcinoma of the endometrium (c) _____					18. INTERVAL BETWEEN ONSET AND DEATH Mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) COLIC			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 9/2/61		20f. CITY, TOWN, OR LOCATION 11/20/61		COUNTY _____ STATE _____	
21. I attended the deceased from 9/2/61 to 11/20/61 and last saw her alive on 11/20/61 . Death occurred at 4:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE M. J. Neidemyer, M.D. (Degree or title)			22a. ADDRESS Stamco Mo.		22c. DATE SIGNED 11/21/61
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov-22-1961	23c. NAME OF CEMETERY OR CREMATORY Blanchard Cemetery	23d. LOCATION (City, town, or county) Blanchard, Iowa		
24. FUNERAL DIRECTOR ADDRESS Tucker Funeral Home Westboro		25. DATE RECD. BY LOCAL REG. Nov. 29, 1961	26. REGISTRAR'S SIGNATURE Mabel A. Schuchman		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 6 1961

Lobavay

to

Johnson

Burlington Junction

7 weeks

Fairfax

Community Hospital

Nov 20th 1961

Book

E

Label

63

Oct-25-1961

in

Female

Miss

Iowa

Bookkeeper

Bookkeeper

W L Book

Kenneth

20-25-1961

Page

No.

Burlington Junction

W L Book

No

No

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 Ashley R Tucker, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 3720

P. O. Address Westboro, Missouri

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.