

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043404
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 267

FILED DEC 4 1963	
1. PLACE OF DEATH	
a. COUNTY FRANKLIN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON	a. STATE MO. b. COUNTY FRANKLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCES	c. CITY OR TOWN GERALD, MO 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 checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last	
ELVA E BECK	
4. DATE OF DEATH Month Day Year 12-1-1963	
5. SEX F	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/27/1897
9. AGE (last birthday) 66	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) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) LESLIE, MO RR 1	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN R. FARRELL	13b. MOTHER'S MAIDEN NAME MARY SCHMIDT
14. NAME OF HUSBAND OR WIFE Oliver E Beck	
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. [REDACTED]
17. INFORMANT J O E Beck Gerald Mo	Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Ob of large bowel Diabetes Mellitus	INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Diabetes Mellitus	DUE TO (b) Patent Heart Ca of Breast Pancreas
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus	
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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1955 to 1963 and last saw her alive on 12-1-63	
Death occurred at 12-1-1963. 5:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) [Signature]	22b. ADDRESS Gerald
22c. DATE SIGNED 12-2-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) [Signature]	23b. DATE 12-4-1963
23c. NAME OF CEMETERY OR CREMATORY BEOUFF	23d. LOCATION (City, town, or county) GERALD MO
24. FUNERAL DIRECTOR E J Meyer Gerald Mo	25. DATE RECD. BY LOCAL REG. 12/3/63
26. REGISTRAR'S SIGNATURE Lula P Hudson	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

104707-010

FEB 4 1964

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

Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Union 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.