

FINAL

STATE OF ILLINOIS

STATE FILE NUMBER

15136

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 63.0

REGISTERED NUMBER 24

1. PLACE OF DEATH
 Mason COUNTY, ILLINOIS
 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
 a. STATE Illinois b. COUNTY Mason
 c. Residence was
 OUTSIDE city limits and in _____ TOWNSHIP.
 INSIDE city limits and in the city, village, or town named at 2d.
 d. CITY, VILLAGE, OR TOWN Havana
 e. LENGTH OF RESIDENCE AT 2c or 2d 5 yrs
 f. LENGTH OF STAY IN 1b or 1c 21 days
 f. STREET ADDRESS 329 W. Main
 g. Did decedent reside ON A FARM? YES NO
 3. NAME OF DECEASED
 a. (FIRST) Fred b. (MIDDLE) Thomas c. (LAST) Beck
 4. DATE OF DEATH (MONTH) (DAY) (YEAR) March 12, 1962

5. SEX Male
 6. RACE White
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Single
 8. DATE OF BIRTH Nov. 17, 1886
 9. AGE (in years last birthday) 75
 if under 1 year MONTHS DAYS if under 24 hrs. HOURS MIN.
 10. KIND OF BUSINESS OR INDUSTRY Hotel
 11. BIRTHPLACE (City and state or foreign country) Havana, Illinois
 12. Citizen of what country? USA
 13. FATHER'S FULL NAME Andrew Beck
 14. MOTHER'S FULL MAIDEN NAME Margaret O'Hern
 15. Was deceased ever in U.S. Armed Forces? (If yes, give war or dates of service) Yes WW I
 16. SOCIAL SECURITY NUMBER 349-10-682
 17. INFORMANT SIGNATURE (Andrew Beck)
 18. ADDRESS (Havana, Illinois)
 19. RELATIONSHIP TO DECEASED Nephew

3. CAUSE OF DEATH
 PART I. DEATH WAS CAUSED BY: [Enter only one cause per line (A), (B), and (C)]
 IMMEDIATE CAUSE (A) Cerebral thrombosis
 INTERVAL BETWEEN ONSET AND DEATH 8 wks
 Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.
 due to (B)
 due to (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).
 Anteroseptal heart disease
 19. AUTOPSY? YES NO

20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.
 21. I hereby certify that I attended the deceased from 12-28, 1961, to 3-12, 1962, that I last saw the deceased alive on 3-12, 1962, and death occurred at 10 P. M., from the causes and on the date stated above.
 DATE 3-14-62 SIGNED e Kelly m ADDRESS M.D. Havana, Ill. PHONE 543-2233

DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 3/15/62
 CEMETERY: Laurel Hill
 LOCATION: Havana, Illinois
 23. FIRM NAME: Hurley Funeral Home
 ADDRESS: Havana, Illinois
 SIGNATURE: [Signature]
 LICENSE NUMBER: 11353

24. Received for filing on March 15, 1962 (Signed) Charles L. [Signature] LOCAL REGISTRAR

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