

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 19 1948

Registration District No. 40Primary Registration District No. 3037Registrar's No. 42

1. PLACE OF DEATH:

- (a) County Andrew
 (b) City or town Molino
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community a number of years
 years, months or days)

3. (a) PRINT
FULL NAMEWalter Lee Beckley

3. (b) If veteran

3. (c) Social Security No.

name was _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ida Thomas Beckley 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased Feb 4 1868
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 5 br. min.

9. Birthplace Ungava
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Beckley

13. Birthplace Utah
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Dimes

15. Birthplace Woodbury
 (City, town, or county) (State or foreign country)

16. Informant Eula Beckley

- (b) Address Molino MO

17. (a) burial (b) Date thereof 3-11-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Quivara Cemetery

18. (a) Signature of funeral director Ida Thomas

- (b) Address Molino MO

19. (a) 3-10-48 (b) Blenche Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Andrew
 (c) City or town Molino
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
 year 1948 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Occlusion Duration 4 hours

- Due to Hypertensive Cardiovascular Disease years

- Due to _____

- Other conditions None

- (Include pregnancy within 3 months of death)

- Major findings: _____

- Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

- While at work? _____ (Specify type of work)

23. Signature Edward P. Jolly (M. D. or other) M. D.

- Address Mexico, Missouri Date signed 3/12/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 1
District Number 348515
Date Filed MAR 17 1948

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 _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1420

P. O. Address _____

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