

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11211

State File No.

Registrar's No.

National Office of Vital Statistics
FILED APR 8 1948

Registration District No. 237

Primary Registration District No. 4499

1. PLACE OF DEATH:

(a) County: **Shelby county**
(b) City or town: **Shelbina, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **None**
(Specify whether)
In this community: **Thirty years**
years, months or days)

3. (a) PRINT FULL NAME: **Ralph Pierce Beckett**

3. (b) If veteran, **X** name war. 3. (c) Social Security No. **X**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Elenor Beckett** 6. (c) Age of husband or wife if alive: **39** years
7. Birth date of deceased: **August 27th 1902**
(Month) (Day) (Year)

8. AGE: Years: **45** Months: **6** Days: **29** If less than one day: **hr. min.**

9. Birthplace: **Camp Point Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Laborer**

11. Industry or business: **William Thomas Beckett**

12. Name: **William Thomas Beckett**
13. Birthplace: **Handcock Co. Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name: **Lizzie Keith**
15. Birthplace: **Ursa Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Ralph Beckett**

(b) Address: **Shelbina, Mo**

17. (a) **Burial** (b) Date thereof: **3-29-1948**
(Burial, or date of death) (Month) (Day) (Year)

(c) Place: burial or cremation: **Shelbina, Mo.**

18. (a) Signature of funeral director: **Million & Barkelew**

(b) Address: **Shelbina, Mo**

19. (a) **April 1-48** (b) **Ruth Janner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Shelby** 102
(c) City or town: **Shelbina, Mo.** 3
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: **March** day: **26th**
year: **1948** hour: **10** minute: **45 P.M.**

21. I hereby certify that I attended the deceased from **10-1-1947** to **3-26-1948**
that I last saw him alive on **3-26-1948**
and that death occurred on the date and hour stated above.
Immediate cause of death: **Respiratory Failure**
Due to: **Metastatic Malignancy**
Due to: **Removal Carcinoma**
Other conditions:

Major findings: **55 B**
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work:

(e) Means of injury:

23. Signature: **John W. Duncan** (M. D. or other): **MD**

Address: **Shelbina, Mo.** Date signed: **3/31/48**

OCT 6 1948

RECEIVED
District Health Officer No. 10
District File Number 448-632
Date Filed APR -7 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

C. W. Hawkins

Licensed Embalmer No.

3498

P. O. Address

Shelburne Vt

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.