

FILED MAR 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4700

552 State File No. 4218 Registrar's No. 62

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#4 Windsor</u>		c. LENGTH OF STAY (In this place) <u>9 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.#4 Windsor</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R.R.#4 Windsor, Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alpha</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Beckley</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>28</u>		(Year) <u>49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb. 16, 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 YEARS Months _____ Days _____	IF UNDER 3 YEARS Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Warsaw Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Newton Swerington</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Faler</u>		14. NAME OF HUSBAND OR WIFE <u>Lozzenia V. Beckley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Beckley</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Bifluency</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Neural Stenosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 27, 1949</u> , to <u>Feb 28, 1949</u> , that I last saw the deceased alive on <u>Feb 28, 1949</u> , and that death occurred at <u>11 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Windsor Mo</u>		23c. DATE SIGNED <u>3/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-10-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Brauminger</u>		ADDRESS <u>Wbg., Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7  
District File Number 2-49-22  
Date Filed 3-14-49

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

R. M. Branninger

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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 this body is not embalmed, fact should be so stated above.