

FILED MAR 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9076

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 2673 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln 57	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ethlyn Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ethlyn 0	
c. LENGTH OF STAY (In this place) 40		d. STREET ADDRESS (If rural, give location) - - - - - 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION - - - - -			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) A. c. (Last) Beckering			4. DATE OF DEATH (Month) (Day) (Year) Mar. 12 1949
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH May 16 1871
9. AGE (In years last birthday) 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith
11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Bernard Beckering		13b. MOTHER'S MAIDEN NAME Tegehoff	
14. NAME OF HUSBAND OR WIFE Lena Beckering			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-28-6580	
17. INFORMANT'S SIGNATURE OR NAME Lena Beckering		ADDRESS Ethlyn Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis (chronic) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) 5 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - 42 <sup>02</sup>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 17-2-1949, to 3-12-1949, that I last saw the deceased alive on 3-12-1949 and that death occurred at 11:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) S. C. Neunlist M.D. 0		23b. ADDRESS Old Monroe Mo.	
23c. DATE SIGNED 3-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15 1949	
24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) Old Monroe Mo.	
DATE REC'D BY LOCAL REG. 3-14-49		REGISTRAR'S SIGNATURE S. C. Neunlist 163 0	
25. FUNERAL DIRECTOR'S SIGNATURE Webber Kathy		ADDRESS Old Monroe Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAR 22 1949

District File Number

District Health Officer No. 9

**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 .....  
Student Embalmer

Signed E. Keithly

Licensed Embalmer No. 844

P. O. Address Fallon m

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.