

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16999

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Desloge</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs.</u>		94	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 S. 7th Street</u>		d. STREET ADDRESS (If rural, give location) <u>307 S. 7th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Lee</u> c. (Last) <u>Beckett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1949</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. 12, 1871</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR <u>3</u> Months <u>22</u> Days <u>2</u> Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Care of home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>near Bonne Terre, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Richard Hutchings</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Clark Beckett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Guy Hutchings, Desloge, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-pneumonia</u>		DUE TO (b) _____			<u>12 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			491X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Indea. granular lungs, frag. of the interstitial septulae</u>			100	
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 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 May 22, 1949, to June 4, 1949 that I last saw the deceased alive on June 3, 1949, and that death occurred at 29 m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. O. Gaule, M.D.</u> (Degree or title)		23b. ADDRESS <u>Desloge, Mo.</u>		23c. DATE SIGNED <u>6-6-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Merwin Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Bonne Terre, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 7, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer &amp; Sons</u>		ADDRESS <u>Desloge, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 649-79

Date Filed 6-13-49

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed C. J. Bayer

Licensed Embalmer No. 1671

P. O. Address Wesley, 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.