

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23302

State File No. _____

FILED AUG 12 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3277

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Miami	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oswatomie	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 1121 Parker	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys			

3. NAME OF DECEASED (Type or Print) Ralph D Beckley			4. DATE OF DEATH (Month) (Day) (Year) July 27 1949	
a. (First)	b. (Middle)	c. (Last)	Month	Day

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 22 1899	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman	10b. KIND OF BUSINESS OR INDUSTRY Railroads	11. BIRTHPLACE (State or foreign country) Miami Co. Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clinton Beckley	13b. MOTHER'S MAIDEN NAME Margaret Fisher	14. NAME OF HUSBAND OR WIFE Hazel D Beckley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 702-16-5296	17. INFORMANT'S SIGNATURE OR NAME Hazel D Beckley	ADDRESS Oswatomie Kans
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the stomach		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES with generalized abdominal metastasis Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION cancer of the stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Oswatomie (COUNTY) Osawatomie (STATE)
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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?
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22. I hereby certify that I attended the deceased from July 15, 1949, to July 27, 1949 that I last saw the deceased alive on July 27, 1949, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. E. Castle (Degree or title)	23b. ADDRESS 1002 Arville Bldg., K. C. Mo.	23c. DATE SIGNED 7-29-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7-27-49	24c. NAME OF CEMETERY OR CREMATORY New Osawatomie	24d. LOCATION (City, town, or county) (State) Oswatomie Kansas
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DATE REC'D BY LOCAL REG. 7-29-49	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE William W Eddy	ADDRESS Oswatomie Kansas
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

4838

APR 14 1931

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 *William W. Eddy*

Licensed Embalmer No. *1659*

P. O. Address *Crawfordsville, Ind.*

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. *none*