No. 300
10-48

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26362

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Egypt
c. LENGTH OF STAY (in this place): 57 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Norborne Mo, R, R, 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne . R,R. 1 Egypt Twp Rural
d. STREET ADDRESS (If rural, give location): Two miles north of Norborne

3. NAME OF DECEASED (Type or Print)
a. (First): Caroline
b. (Middle): "
c. (Last): Beckemeier

4. DATE OF DEATH (Month) (Day) (Year): August 9 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug, 5, 1874
9. AGE (In years last birthday): 775 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: Earnest Toeake
13b. MOTHER'S MAIDEN NAME: Sophia Schoeteldreier
14. NAME OF HUSBAND OR WIFE: William Beckemeier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Wm Beckemeier Norborne 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular hypertension — 9+ years
d. Arteriolar disease with diabetic gangrene — 8+ years
e. Diabetes mellitus — 9+ years
DUE TO (c) Arteriosclerosis, diffuse — 9+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystitis — 2 months 21 DM

19a. DATE OF OPERATION: 1941
19b. MAJOR FINDINGS OF OPERATION: Diabetic gangrene, left foot
20. AUTOPSY? YES ☐ NO ☒

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): Egypt Township Carroll Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Applicable

22. *I hereby certify that I attended the deceased from* March 22, 1940, *to* August 9, 1949, *that I last saw the deceased alive on* Aug. 9, 1949, *and that death occurred at* 5:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph E Haskell M.D.
23b. ADDRESS: 212 South Pine St. Norborne, Missouri
23c. DATE SIGNED: 8-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 11, 49
24c. NAME OF CEMETERY OR CREMATORY: Luthern Cemetery
24d. LOCATION (City, town, or county) (State): Carroll County Mo.

DATE REC'D BY LOCAL REG.: 8-11-49
REGISTRAR'S SIGNATURE: Mrs Eileen Pennistone 46
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John G Deitch Norborne Mo

(Licensed Embalmer's Statement on Reverse Side)

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

X-

RECEIVED AUG 17
District Health Officer No. 8,

District File Number _____

Date Filed 8-18-49

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 and John Deitch Jr Student Embalmer No. 322 working under my personal supervision.

Student John Deitch Jr.
Student Embalmer

Signed John G Deitch Sr.

Licensed Embalmer No. 361-4

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.