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

FILED FEB 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 3708

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 455 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (date of admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn. Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Henry</u> b. (Middle) <u>Beth</u> c. (Last) <u>Beckey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23 1950</u>		
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5. SEX <u>MO</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7/26/1867</u>	9. AGE (In years last birthday) <u>83</u>	10 UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	11 UNDER 24 Hrs. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Railroad Employee Pinman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Berlin, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Florence Beckey</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>710</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest A. Rogers, Springfield, Mo.</u>		ADDRESS	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture R. Hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 Jan 1950</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				Not known	
		DUE TO (c) <u>Cerebral Haemorrhage</u>				71030	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mountain Grove Wright MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>January 20 1950 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell spring from our room & awl</u>	
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22. I hereby certify that I attended the deceased from 27 June, 1949, to 23 Jan, 1950, that I last saw the deceased alive on 22 Jan, 1950, and that death occurred at 7:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>26 Jan 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. Grove, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-27-50</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber, Mtn. Grove, Mo.</u>		ADDRESS	
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RECEIVED JAN 31 1950
District Health Office No. 6,
District File Number 150-157
Date Filed 1-31-50

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 *Russell Barber*

Licensed Embalmer No. 3848

P. O. Address Mtn Grove, 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.