

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAY 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 17064  
Registrar's No. 182

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Blue</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1530 Willow</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>2 miles east Sugar Creek near Kentucky Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Beckham</b> c. (Last) <b>Beckham</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 6, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 17, 1900</b>
9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. Post Office</b>	11. BIRTHPLACE (State or foreign country) <b>Pleasant Hill, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unknown, Beckham</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Virginia E. Beckham</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Virginia E. Beckham, Independence, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart from strangulation</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		PRECEDENT CAUSES (b) <b>by hanging</b>	
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		E974X	
Conditions contributing to the death but not related to the disease or condition causing death.			
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) <b>suicide</b>	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 <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. C. Keenan, M.D., State Health Commissioner</b>		23b. ADDRESS <b>3447 Parkway, KC, Mo.</b>	23c. DATE SIGNED <b>5-8-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>May 9, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>
DATE REC'D BY LOCAL REG. <b>May 7-1950</b>	REGISTRAR'S SIGNATURE <b>W. C. Keenan</b>	FEDERAL DIRECTOR'S SIGNATURE <b>W. C. Keenan</b> ADDRESS <b>Independence, Mo.</b>	

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

480

MAY 15 1950

MAY 27 1950

0961

T NCC

JUL 24 1951

MAY 22 1950

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 *Alfred C. Larson*  
Licensed Embalmer No. *4199*

P. O. Address *Independence 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.