

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17351

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Monroe Twpsh.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Monroe Township</u> <u>0570</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1 mile south of Winfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile south of Winfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Beckemeier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 17, 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Beckemeier</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Meier</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Beckemeier</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 ADDRESS <u>Caroline Beckemeier - Winfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		ANTECEDENT CAUSES		DUE TO (b) <u>generalized arteriosclerosis</u> <u>10 yrs.</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.		DUE TO (c)		DUE TO (c) <u>4500</u>	
II. OTHER SIGNIFICANT CONDITIONS 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 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)		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 Jan 1, 1949, to 5 June, 1950, that I last saw the deceased alive on 5 June, 1950, and that death occurred at 9<sup>00</sup> p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lawrence J. Behan M.D.</u>		23b. ADDRESS <u>Old Monroe, Missouri</u>		23c. DATE SIGNED <u>6-7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's R. Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Old Monroe, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>June 8 - 1950</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Halushick</u>	
				ADDRESS <u>Elsberry Mo.</u>	

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

No. 300  
10.48

570

District Health Officer No. 9,  
RECEIVED JUN 13 1950  
District File Number

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

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

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.