

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19677

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>		0200			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jerico Springs</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aquilla</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Beckley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 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>Jan. 18, 1876</u>			
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Beckley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brasher</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennie Beckley, Jerico Springs, Mo</u>					
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>Chronic Bronchial Asthma</u> INTERVAL BETWEEN ONSET AND DEATH <u>4222</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. 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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Nov 15</u> , 19 <u>49</u> , to <u>Jan 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>50</u> , and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Es B Bannister MD</u>				23b. ADDRESS <u>Jerico Springs, Mo</u>		23c. DATE SIGNED <u>1-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anna Edna</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Jan 22, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Patton, Stockton, Mo</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No.
District File Number
Date Filed 6-28-57

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 _____

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address *Stachon, 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.