

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26223**

BIRTH NO. **47590-50** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **243**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		c. LENGTH OF STAY (In this place) <b>15 hours</b>	
c. CITY (If inside corporate limits, write RURAL and give township) <b>Cape Girardeau</b>		d. STREET ADDRESS (If rural, give location) <b>RR # 2 Box 86</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hosp.</b>			

3. NAME OF DECEASED a. (First) <b>Doris</b> b. (Middle) <b>Lean</b> c. (Last) <b>Beckett</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 11 1950</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>0</b>	
8. DATE OF BIRTH <b>August 10 1950</b>		9. AGE (In years) (Months) (Days) <b>- - - 15 1</b>		10. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inf</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>- U.S.</b>					

13a. FATHER'S NAME <b>Lenard Beckett</b>		13b. MOTHER'S MAIDEN NAME <b>Thelma Holland</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Thelma Beckett, Cape Girardeau, Mo</b>	
(If yes, give war or dates of service)				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Early Rupture of the Uterus (spontaneous)</b>				7735	
*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 (b) <b>Thrombosis</b>					
		DUE TO (c) <b>Early Rupture of the Uterus</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (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 **August 10, 1950**, to **August 11, 1950**, that I last saw the deceased alive on **Aug 11, 1950**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George W. Gunglind D.O.</b>		23b. ADDRESS <b>1002 N. Spruce St</b>		23c. DATE SIGNED <b>Aug 12, 1950</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug 12-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Korner</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>	
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DATE REC'D BY LOCAL REG. <b>8-14-1950</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		44		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. D. Korman</b>		ADDRESS <b>Pope Bisc. Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

164

RECEIVED

AUG 21 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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.....

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.