

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30978

BIRTH NO. REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 29

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) OR TOWN <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bedford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi East of Siler Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi north of Troy Mo</u>	
3. NAME OF DECEASED a. (First) <u>HENRY</u> (Type or Print)		b. (Middle) <u>FREDERIC</u> c. (Last) <u>BECKMAN</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>April 4 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman of Road Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>51</u> <u>5</u> <u>3</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Henry Beckman</u>		
13b. MOTHER'S MAIDEN NAME <u>Barrie Cobby</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Beckman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-03-4339</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Florence Beckman</u>		ADDRESS <u>Troy 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>Unavoidable Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>68 hrs</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>was riding on back end of truck</u> DUE TO (c) <u>fell off and was run over by a oil Distributor while working on road.</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 checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	
21c. (CITY) TOWN; OR TOWNSHIP (COUNTY) (STATE) <u>Siler Lincoln Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 7 50 12:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell off of truck, was Run over</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Allen Ellis, Coroner</u> (Degree or title)		23b. ADDRESS <u>Troy Mo</u>	
23c. DATE SIGNED <u>9-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 19 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/8/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. I. A. Dewey</u> ADDRESS <u>Wayne Mo Bay Troy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
IV. 10. 480570
3 ✓

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 11 1950

RECEIVED

SEP 29 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Wayne M. Stoy

Licensed Embalmer No. *3586*

P. O. Address *Truy 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.