

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17229
Registrar's No. 635

FILED JUN 5 1951

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheeling</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheeling</u>	
c. LENGTH OF STAY (in this place) <u>78 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0590</u> <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Grant</u> c. (Last) <u>Beckwith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married (1)</u>	8. DATE OF BIRTH <u>June 25, 1872</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wheeling, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Charles P. Beckwith</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dalrymple</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orrville H. Beckwith</u>	ADDRESS <u>Humansville, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr. 1951 to May 21, 1951, that I last saw the deceased alive on May 21, 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

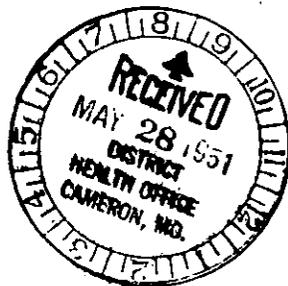
23a. SIGNATURE <u>W. H. Bryan</u> (Doctor or title)	23b. ADDRESS <u>Wheeling, Mo.</u>	23c. DATE SIGNED <u>5-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5/24/51</u>	REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>	ADDRESS <u>Chillicothe, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

590
1



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.....

Elton P. Norman

Signed.....

Student Embalmer

Licensed Embalmer No. 4036

P. O. Address

Pullicotte, 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.