

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29331

State File No.

| | | | | | | | |
|---|---------------------------|--|-----------------------------------|---|---|--|----------------------------------|
| BIRTH NO. | | REG. DIST. NO. <u>8378</u> | | PRIMARY REG. DIST. NO. <u>4552</u> | | Registrar's No. <u>40</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> <u>1141</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u> | | c. LENGTH OF STAY (in this place) <u>10 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MTN. GROVE</u> <u>1141</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>313 W 4th Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>313 W. 4th ST. 0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>BECKHAM</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 26 1951</u> | |
| 5. SEX <u>MO</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>6/11/1869</u> | | 9. AGE (In years last birthday) <u>82</u> | 10. UNDER 1 YEAR Days <u>1</u> | 11. UNDER 1 MIN. Hours <u>15</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 <u>FARMER</u> | | 11. BIRTHPLACE (State or foreign country) <u>CPHELPS COUNTY Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>ALEXANDER BECKHAM</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARTHA A. BANEV</u> | | | |
| 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>Morris Beckham</u> | | ADDRESS <u>Hartsville 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>Coronary Heart Failure</u> ANTECEDENT CAUSES Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4341</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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 <u>July 10 - 1951</u> , to <u>July 26 - 1951</u> , that I last saw the deceased alive on <u>July 25 - 1951</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>M. L. ...</u> (Degree or title) | | | | 23b. ADDRESS <u>Wm. Moore Ave.</u> | | 23c. DATE SIGNED <u>7-18-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7/29/51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HILLCREST</u> | | 24d. LOCATION (City, town, or county) (State) <u>MTN. GROVE MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-11-51</u> | | REGISTRAR'S SIGNATURE <u>A.B. Ames</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. Barber</u> | | ADDRESS <u>Wm. Moore Ave.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 851-83
Date Filed Aug. 18, 1921.

1921 47 808

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 _____

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove

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.