

FILED AUG 7 1951 STANDARD CERTIFICATE OF DEATH

State File No. 29332

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 45		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT 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 11440</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>313 W 4th Street</u>				d. STREET ADDRESS (If rural, give location) <u>313 W. 4th Street</u>			
3. NAME OF DECEASED a. (First) <u>MARTHA</u>		b. (Middle) <u>A.</u>		c. (Last) <u>BECKHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 27 1951</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Sept. 8, 1873</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>10</u>		11. DAYS <u>19</u>		12. HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>TEXAS County MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JEFF. BANEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH STARKS</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES M. BECKHAM</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Riley Wilkerson</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</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. INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				20. AUTOPSY? YES ☐ NO ☒	
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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 2, 1951</u> , to <u>July 27, 1951</u> , that I last saw the deceased alive on <u>July 26, 1951</u> , and that death occurred at <u>6 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. L. Wilkerson M.D.</u>				23b. ADDRESS <u>W. L. Wilkerson M.D.</u>		23c. DATE SIGNED <u>7-28-51</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>W. L. Wilkerson</u>		ADDRESS <u>W. L. Wilkerson</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 851-82
Date Filed Aug 18, 1927

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.