

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9661
State File No.
318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2119

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2119

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Wilson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Neodesha</i>	
c. LENGTH OF STAY (In this place)		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Trinio Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1207 N. 7th</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Chester C.</i> b. (Middle) <i>Becknell</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 5 52</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <i>Married</i>	8. DATE OF BIRTH <i>Mar 20 1909</i>	9. AGE (In years last birthday) <i>42</i>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, specify related) <i>Carman helper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>R. R.</i>	11. BIRTHPLACE (State or foreign country) <i>Iowa -</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Mylow Becknell</i>	13b. MOTHER'S MAIDEN NAME <i>Bell E. Bates</i>	14. NAME OF HUSBAND OR WIFE <i>Eloa Becknell</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, and in subsection) (If yes, give war or dates of service) <i>Unknown</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Eloa Becknell</i>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic Carcinoma Right Lung</i>		
	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. <i>Anemia, Secondary</i>		2mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>NO</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>NO</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <i>NO</i>	21e. INJURY OCCURRED WHILE AT _____ (CHECK ONE) WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>162X</i>
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22. I hereby certify that I attended the deceased from *2/20 1952*, to *3/5 1952*, that I last saw the deceased alive on *2/4*, 19*52*, and that death occurred at *12:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>T. Mangano MD</i> (Degree or title)	23b. ADDRESS <i>4960 Laclede</i>	23c. DATE SIGNED <i>3-5-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-5-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Bronson</i>	24d. LOCATION (City, town, or county) (State) <i>Bronson, Kansas</i>
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DATE REC'D BY LOCAL REG. <i>MAR 5 1952</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>	ADDRESS <i>4700 Washington Blvd.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 4 1958

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 W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, 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.