

STANDARD CERTIFICATE OF DEATH

32161

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 565⁴⁷ Registrar's No. 10

1. PLACE OF DEATH <i>farm home</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Lawrence Co</i>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Freistatt Township</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Lawrence</i>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Freistatt Township</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>4 1/2 mi N.W. Monett</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Robert</i>	b. (Middle) <i>Troy</i>	c. (Last) <i>Beckett</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 26 1952</i>
-------------------------------------	--------------------------	-------------------------	--------------------------	---

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct - 8 - 1891</i>	9. AGE (In years) (last birthday) Months Days Hours Mins. <i>60 11 18</i>
--------------------	----------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer + mgr of Farm Exchange</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Lawrence Co, Mo</i>	11. BIRTHPLACE (State or foreign country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	--	---	---

13a. FATHER'S NAME <i>W. Beckett</i>	13b. MOTHER'S MAIDEN NAME <i>Josephine Harris</i>	14. NAME OF HUSBAND OR WIFE <i>Mildred Beckett Monett</i>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY <i>486-20-6994</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs R.T. Beckett</i>	ADDRESS <i>Monett</i>
--	--	---	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial infarction 3 days</i>		INTERVAL BETWEEN ONSET AND DEATH
	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 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 *July 1, 1952*, to *Sept 26, 1952*, that I last saw the deceased alive on *Sept 26, 1952* and that death occurred at *5:55 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>F. Edwards MD</i>	(Degree or title)	23b. ADDRESS <i>Monett, Mo</i>	23c. DATE SIGNED <i>9-29-52</i>
-------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>9-28-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Liberty Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lawrence Co Mo</i>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <i>10-1-52</i>	REGISTRAR'S SIGNATURE <i>Cecil Henderson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>L. D. Buchanan</i>	ADDRESS <i>Monett, Mo</i>
---	--	--	---------------------------

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

2550

No. 300
10-48

RECUOT 3 1952

MAR 4 1953

MAR 3 1 1954

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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.