

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

39836

State File No. _____

BIRTH NO. _____

REG. DIST. NO. 301PRIMARY REG. DIST. NO. 6006Registrar's No. 391

1. PLACE OF DEATH

a. COUNTY

Ripley.b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rural. Shirley twsp.c. LENGTH OF
STAY (in this place)
22 years.d. FULL NAME OF
HOSPITAL OR
INSTITUTION 16 Mi. W. of Doniphan, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri.

b. COUNTY

Ripley.c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Rural. Shirley twsp.d. STREET
ADDRESS (If rural, give location)
16 Mi. W. of Doniphan, Mo.3. NAME OF
DECEASED
(Type or Print)

a. (First)

Laura

b. (Middle)

Ann

c. (Last)

Beckham.4. DATE
OF
DEATH

(Month) (Day) (Year)

Nov. 29, 1952.

5. SEX

Female.

6. COLOR OR RACE

White.7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed.

8. DATE OF BIRTH

Sept. 29, 1865.9. AGE (In years
last birthday)87

IF UNDER 1 YEAR

2 Months

IF UNDER 1 HRS.

--- Days10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)Housework.10b. KIND OF BUSINESS OR IN-
DUSTRYHousewife.

11. BIRTHPLACE (State or foreign country)

Maries County, Missouri.12. CITIZEN OF WHAT
COUNTRY?U.S.A.

13a. FATHER'S NAME

Martin Copeland.

13b. MOTHER'S MAIDEN NAME

(Unknown) Hazzard.

14. NAME OF HUSBAND OR WIFE

Thomas J. Beckham.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No.16. SOCIAL SECURITY
NO.---

17. INFORMANT'S SIGNATURE OR NAME

Ethel Gray, Ting, 2mo.

ADDRESS

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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

MEDICAL CERTIFICATION

Debilities of Age.Fractured Left Femur.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

091

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 ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1952 to Nov 29, 1952, that I last saw the deceased
alive on Nov. 28, 1952, and that death occurred at 1:30 pm, from the causes and on the date stated above.

23a. SIGNATURE

(Describe as title)

Clifford G. Smith, Jr.

23b. ADDRESS

Doniphan, Mo.

23c. DATE SIGNED

12-1-52.24a. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial.

24b. DATE

Dec. 2, 1952.

24c. NAME OF CEMETERY OR CREMATORY

Oak Ridge Cemetery.

24d. LOCATION (City, town, or county)

Ripley County, Missouri.

(State)

DATE REC'D BY LOCAL
REG.12-2-52

REGISTRAR'S SIGNATURE

C. D. Johnston

277-

25. FUNERAL DIRECTOR'S SIGNATURE

Ray Marshall

ADDRESS

Doniphan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.