S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

533

State File No. .....

FILED JAN 26 1953

BIRTH NO. ..... REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 14

1164
0

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 14days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Menfro 0792
d. STREET ADDRESS (If rural, give location): 1 1

3. NAME OF DECEASED (Type or Print)
a. (First): Andrew
b. (Middle): Franklin
c. (Last): Beckham

4. DATE OF DEATH (Month) (Day) (Year): 1/17/53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Oct. 12, 1868
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 3, Days 5 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: PPG Co.
11. BIRTHPLACE (City and State or Foreign Country): Phillips County 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. C. Beckham
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Nora Ann Menfro, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME: Mrs Andrew Beckham — ADDRESS: Menfro Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure — 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) Decompensated Hypertensive Heart Disease
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis - Chronic Cholecystitis - Prostatitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
443X
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) m.
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* Jan 4, 1953, *to* Jan 17, 1953, *that I last saw the deceased alive on* Jan 17, 1953, *and that death occurred at* 4:00pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. J. Newell D.O.
23b. ADDRESS: 28 S. Spanish Cape Girardeau, Mo.
23c. DATE SIGNED: Jan 20, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 1/20/53
24c. NAME OF CEMETERY OR CREMATORY: Roselawn Gardens
24d. LOCATION (City, town, or county) (State): Crystal City, Mo.

DATE REC'D BY LOCAL REG.: 1-20-53
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Gentry L. Polette — ADDRESS: Crystal City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Gurley R. Pollitte

Licensed Embalmer No. 3481

P. O. Address Crystal City, M

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.