

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6599**

5. No. 300
V. 10.48

ED FEB 17 1953

BIRTH NO. 1248642 REC. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-VALLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-VALLE	
c. LENGTH OF STAY (In this place) 2 mo.		d. STREET ADDRESS (If rural, give location) RT. 1 DE SOTO	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. 1 DE SOTO		e. FULL NAME OF HOSPITAL OR INSTITUTION RT. 1 DE SOTO	

3. NAME OF DECEASED (Type or Print) a. (First) BRADLEY b. (Middle) KEITH c. (Last) BECKETT			4. DATE OF DEATH (Month) (Day) (Year) FEB. 9 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH DEC. 3, 1952	9. AGE (In years last birthday) 2	10. UNDER 1 YEAR 6 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) RT. 1, DE SOTO, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN H. BECKETT		13b. MOTHER'S MAIDEN NAME EFFIE OLIVER		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN BECKETT RT. 1, DE SOTO, MO.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Enteritis, infantile			INTERVAL BETWEEN ONSET AND DEATH 6 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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) 5710			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia					3 weeks
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) (Min.)		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 Feb. 2, 1953, to Feb. 9, 1953, that I last saw the deceased alive on Feb. 7, 1953, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold E. Donnell M.D.		23b. ADDRESS De Soto, Missouri		23c. DATE SIGNED Feb. 10, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2/11/53		24c. NAME OF CEMETERY OR CREMATORY CITY	
				24d. LOCATION (City, town, or county) (State) DE SOTO MO.	

DATE REC'D BY LOCAL REG. 2-13-53		REGISTRAR'S SIGNATURE Maria Farris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee Mathershead - De Soto, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

0509

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED FEB 16 1953

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 Andrew H England

Licensed Embalmer No. 47845

P. O. Address De Soto 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.