

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8752

State File No.

FILED MAR 18 1953

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 10

090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | |
|---|--|-----------------------------------|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> | | |
| b. CITY OR TOWN <u>Rural Waynes</u> | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Waynes Sup.</u> | | d. STREET ADDRESS (If rural, give location) <u>0090</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Beckman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 16, 1953</u> | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>March 1, 1869</u> | 9. AGE (In years last birthday) <u>83</u> | 10. IF UNDER 1 YEAR Months <u>11</u> Days <u>15</u> | 11. IF UNDER 10 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|--|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Casper Beckman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Whipple</u> | | 14. NAME OF HUSBAND OR WIFE <u>Cara Conder Beckman</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cara Beckman</u> ADDRESS <u>Galmar</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Courtesy Occlusion</u> | | DUE TO (b) <u>Arteriosclerotic heart disease</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) | |
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| 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 2/4, 1953, to 2/16, 1953, that I last saw the deceased alive on 2/11, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|-------------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE <u>John J. Meyer M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Luttenville Mo.</u> | | 23c. DATE SIGNED <u>3/5/53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb 18 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger County Memorial Park Luttenville Mo.</u> | | 24d. LOCATION (City, town, or county) (State) | |
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| DATE REC'D BY LOCAL REG. <u>3-10-53</u> | | REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>David S. Morgan</u> ADDRESS <u>Funeral Home</u> | |
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed.....

Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.