

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17584

State File No. _____

No. 300
10-48

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 93

362
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.		d. STREET ADDRESS (If rural, give location) Union Rest Home.	

0361
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3. NAME OF DECEASED (Type or Print) a. (First) Louesa b. (Middle) _____ c. (Last) Beckman			4. DATE OF DEATH (Month) (Day) (Year) May 7th, 1953.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 25th, 1874.		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months 9 Days 12 IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker.		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Bland, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE William Beckman.
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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) X	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Herman G. Piotter	ADDRESS Washington, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sensitivity DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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 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 April 7, 1953, to May 7, 1953, that I last saw the deceased alive on May 6, 1953, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. O. Stambler M.D.	(Degree or title)	23b. ADDRESS Union, Missouri	23c. DATE SIGNED 5/8/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1953.	24c. NAME OF CEMETERY OR CREMATORY Cleavesville Cemetery,	24d. LOCATION (City, town, or county), (State) Cleavesville, Mo.
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DATE REC'D BY LOCAL REG. May 9, 1953	REGISTRAR'S SIGNATURE J. P. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Reidburg & Vitt, Inc.	ADDRESS Washington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1939

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 _____

Lester A. Pitt
Licensed Embalmer No. 3254

P. O. Address _____
Washington, 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.