

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32175

State File No. _____

FILED OCT 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3128 Registrar's No. 191

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| 1. PLACE OF DEATH a. COUNTY JASPER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARTHAGE | c. LENGTH OF STAY (In this place) 3 DAYS | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SCOTLAND | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MCCUNE-BROOKS HOSPITAL | | d. STREET ADDRESS (If rural, give location) 0490 | |

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|--|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) NADINE c. (Last) BECKETT | | | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17, 1953 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 26, 1911 | 9. AGE (In years last birthday) 42 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | 11. BIRTHPLACE (State or foreign country) SCOTLAND, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME GEORGE ENDICOTT | | 13b. MOTHER'S MAIDEN NAME HULDA PIM | | 14. NAME OF HUSBAND OR WIFE JACK BECKETT | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JACK BECKETT, SCOTLAND, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial vascular accident | | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease. DUE TO (c) _____ | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443x | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 4/2/53, 1953, to 9/17/53, 1953, that I last saw the deceased alive on 9/17/53, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) Charles L. Isbell M.D. | | 23b. ADDRESS 201 W. 3rd, Carthage, Mo. | | 23c. DATE SIGNED 9/18/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 10-1-53 | | 24c. NAME OF CEMETERY OR CREMATORY STERLING | |
| | | | | 24d. LOCATION (City, town, or county) (State) JASPER COUNTY, MO. | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 9-26-53 | | REGISTRAR'S SIGNATURE Lloyd B. Clifton M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | |
|--|--|---|--|---|--|

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

RECEIVED SEP 30 1953

Jasper County Health Office

County File Number 53-9-795

Date Filed SEP 30 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Jep. line 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.