

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39856

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6/38 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bethel		c. LENGTH OF STAY (in this place) 81 yrs	c. CITY OR TOWN _____
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 3 mi S.E. of Bethel, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) James c. (Last) Beckley			4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1954		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 3 - 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Days 7 IF UNDER 2 HRS. Hours 26 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) Shelby Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jake F. Beckley		13b. MOTHER'S MAIDEN NAME Mary Gebert		14. NAME OF HUSBAND OR WIFE Hattie Lee Beckley	
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. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sophia Fife Atlanta, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		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) Hypertension		
	DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. quest deemed unnecessary		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION quest deemed unnecessary	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) Bethel Shelby Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 29 54 8:30 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331 X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Mesgrove (Coroner)		23b. ADDRESS Bethel Missouri		23c. DATE SIGNED 12/5/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 1-1954	24c. NAME OF CEMETERY OR CREMATORY Shelton Cemetery	24d. LOCATION (City, town, or county) (State) 2 mi N.W. of Bethel, Mo.		
DATE REC'D BY LOCAL REG. 12-8-54	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Mesgrove Bethel, Mo.		

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

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 Self, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Musgrove

Licensed Embalmer No. 2719

P. O. Address Bethel 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.