

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

417

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <u>0164</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>55 yr</u>		STREET ADDRESS (If rural, give location) <u>839 N Main</u> <u>0164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <u>Family Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Albert</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Bechel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 10 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 11 1894</u>	9. AGE (In years last birthday) Months Days <u>60</u> <u>10</u>	IF UNDER 14 HRS. Hours Min. <u>10</u>
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10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lasting Dept</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oran Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>John Bechel</u>	13b. MOTHER'S MAIDEN NAME <u>Francis Corst</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Beckel</u> <u>Cape</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	(If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-05-6503</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Erhel Beckel</u>	ADDRESS <u>Cape Gir. Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 5-15-, 1948 to Jan 11, 1955, that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles R. Wilson M.D.</u>	(Degree or title)	23b. ADDRESS <u>714 Broadway Cape Girardeau Mo</u>	23c. DATE SIGNED <u>1-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-14-55</u>	REGISTRAR'S SIGNATURE <u>Co. Co. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. H. Estes</u>	ADDRESS <u>Cape Gir Mo.</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. H. Estes*

Licensed Embalmer No. *35*.....

P. O. Address *Cape H.*.....

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.