

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2316  
0235

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Pac Hospital. 455'n</u>				STREET ADDRESS (If rural, give location) <u>12370 2346 2 Menard</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Thomas</u>		c. (Last) <u>Beckman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1955</u>		
5. SEX <u>M O</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>May 8, 1889</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Beckman</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Dunham</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel D. Beckman</u>			
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>702-16-3692</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Beckman, 2346 Menard, St. Louis, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 days</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 checked="" type="checkbox"/> NO <input 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) _____	
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 <u>Dec. 29, 1954</u> , to <u>Jan. 9, 1955</u> , that I last saw the deceased alive on <u>Jan. 9, 1955</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Benjamin H. Charles, M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hospital - St. Louis</u>			23c. DATE SIGNED <u>Jan. 10, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-10-1955</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Paola, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>JAN 10 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri</u>				

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

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

Student.....  
Signature of Student Embalmer

Signed *L. P. Cooper*

Licensed Embalmer No. *36*

P. O. Address *2301 1/2 St*

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.