

1876

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

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>L80</u> | | PRIMARY REG. DIST. NO. <u>5673</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Old Monroe</u> | | c. LENGTH OF STAY (In this place) <u>6 Days</u> | | c. CITY OR TOWN <u>Old Monroe</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. North of Old Monroe</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0570</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Louis</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Becklas</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 21 1956</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 8. DATE OF BIRTH <u>Sent. 23, 1876</u> | | 9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Old Monroe Missouri</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>Christopher Becklas</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Catherine Bauer</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aronold Hackenwerth Old Monroe, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Fibrillation</u> DUE TO (c) <u>Arteriosclerosis</u> 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 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>331X</u> | |
| 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>12/21/56</u> , 19 <u>56</u> to <u>1/21</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1/21/56</u> and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. Becklas MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Tracy mo</u> | | 23c. DATE SIGNED <u>Jan 23 - 56</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>January 21, 56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u> | | 24d. LOCATION (City, town, or county) (State) <u>Old Monroe Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 28 - 1956</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Yarboroff Pitman Wentzville.</u> | | | |

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 *Garth J. Pitman*.....

Licensed Embalmer No. *4974*.....

P. O. Address *Wentzville*.....

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.