

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32862

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4499 Registrar's No. 61

## 1. PLACE OF DEATH

a. COUNTY

Shelby

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ShelbyInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Reeds Nurseing Home 1 Yr

Length of stay in lb

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Shelby

c. CITY  
OR  
TOWN

Shelbina

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF  
DECEASED  
(Type or print)

First

Middle

Last

William

J

Beckett

4. DATE  
OF  
DEATH

Month

Day

Year

Oct 2nd 1956

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐WIDOWED ☒ DIVORCED ☐

## 8. DATE OF BIRTH

June 15th 1868

9. AGE (In years  
last birthday)

88

## IF UNDER 1 YEAR

Months Days Hours Min.

3 17

## IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired Farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

Farming

## 11. BIRTHPLACE (City and state or country)

Virginia

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A

## 13. FATHER'S NAME

William Beckett

## 14. MOTHER'S MAIDEN NAME

Sarah E Kent

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.

## 17. INFORMANT

Address

Robert Beckett Shelbina Mo

## 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

arteriosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)

INTERVAL BETWEEN  
ONSET AND DEATH

4 hrs

10 yrs.

19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF  
INJURYHour Month, Day, Year  
a. m.  
p. m.

## 20d. INJURY OCCURRED

WHILE AT  
WORKNOT WHILE  
AT WORK20e. PLACE OF INJURY (e. g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1 - 55, to Oct 2 - 56 and last saw him alive on Sept 30 -  
Death occurred at 6 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

R. H. Caldwell D.O. 2

Shelbina, Mo.

Oct 3/56

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

10/4/56

## 23c. NAME OF CEMETERY OR CREMATORY

Walnut Grove Cemetery

## 23d. LOCATION (City, town, or county)

Paris

## (State)

Mo

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Barkelaw &amp; Davis Shelbina Mo

Oct 3 - 56

Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.