

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35246

State File No.

FILED NOV 16 1956

BIRTH NO. 79467-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9775

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE			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>Life</u>			c. CITY OR TOWN <u>Pevely</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Lutheran Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>P. O. BOX 216</u>			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u>			b. (Middle) <u>Cameron</u>			c. (Last) <u>Beckett</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 25 - 1956</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>10 - 22 1956</u>			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Kenneth Raymond Beckett</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothy Elizabeth Reece</u>		
14. NAME OF HUSBAND OR WIFE <u>Never Married</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. ---		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy E. Beckett</u>			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. ADDRESS <u>P.O. BOX 216 Pevely Mo.</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial Neuronlage</u>			DUE TO (b) <u>Rapid descent of head</u>			DUE TO (c) <u>in labor</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>760.0</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) (Min.)			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>10/22, 1956</u> , to <u>10/25, 1956</u> , that I last saw the deceased alive on <u>10/25, 1956</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Herculaneum, Mo.</u>			23c. DATE SIGNED <u>10/25/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>10-26-1956</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Herculaneum, Mo.</u>			DATE REC'D BY LOCAL REG. <u>OCT 26 1956</u>			REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. Vinyard, Festus, Mo.</u>			ADDRESS <u>[Address]</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 *Donald H. Winyard*.....

Licensed Embalmer No. *4600*.....

P. O. Address *Festus, Mo.*.....

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.