

FILED APR 4 - 1957

STANDARD CERTIFICATE OF DEATH

9014

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit</u> <u>7001</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>313 So. Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>313 So. Green</u>		d. STREET ADDRESS (If rural, give location) <u>313 So. Green</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>-----</u> c. (Last) <u>Beckner</u>			4. DATE OF DEATH <u>Mar. 20, 1957</u> (Month) (Day) (Year)		
---	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>April 8, 1870</u>		9. AGE (In years last birthday) <u>86</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Lebanon, Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Flenn Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Celia Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Beckner Dec.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Davis, Lee's Summit, Mo.</u>		ADDRESS <u>Lee's Summit, Mo.</u>	
--	--	--	--	---	--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
------------------------	--	----------------------------------	--	--	--

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) <u>331X</u>	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 1-9-1957, to 2-20-1957, that I last saw the deceased alive on 2-20-1957, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clint R. Miller</u>		(Degree or title)		23b. ADDRESS <u>Lee's Summit, Mo.</u>		23c. DATE SIGNED <u>2-21-57</u>	
--	--	-------------------	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit, Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Mo.</u>	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>3-23-1957</u>		REGISTRAR'S SIGNATURE <u>D. B. Langsford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home, Lee's Summit,</u>		ADDRESS	
--	--	---	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

483

RECEIVED

APR 2 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*D. B. Langford*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

*4962*

P. O. Address

*Lee's Summit*

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 this body is not embalmed, fact should be so stated above.

*Mo.*