

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **25866**

FILED AUG 8 1957

Registration District No. **316** Primary Registration District No. **6074** Registrar's No. **240**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Desloge</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Desloge</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home 111 S 4th</b>		Length of stay in 1b <b>10 years</b>	d. STREET (If outside, give location) ADDRESS <b>111 S 4th. Street</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Ira Washington Beckett</b>			4. DATE OF DEATH <b>July 23 1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 22, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Lead Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	11. BIRTHPLACE (City and state or country) <b>St. Francois County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Nathan Beckett</b>			14. MOTHER'S MAIDEN NAME <b>Paralee Newby</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-03-2348</b>	17. INFORMANT <b>Mrs. Emma Beckett, Desloge, Mo</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Carcinoma of lungs -</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>6-7 hrs -</b> <b>unknown</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. 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 <b>June 1957</b> to <b>July 23, 1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>July 23, 1957</b> Death occurred at <b>11:15 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. C. Foots</b> (Degree or title) <b>MD</b>			22b. ADDRESS <b>Desloge, Mo.</b>		22c. DATE SIGNED <b>25 July 57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/26/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Park</b>		23d. LOCATION (City, town, or county) (State) <b>St. Francois Co, Mo</b>	
24. FUNERAL DIRECTOR <b>C.Z. Boyer &amp; Son</b>		ADDRESS <b>Desloge, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>July 25, 1957</b>	26. REGISTRAR'S SIGNATURE <b>Ether Redloff</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be usually related. Coroner cannot certify to a death due to natural causes.

AUG 13 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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *A. T. Loyer*.....

Licensed Embalmer No. *36*

P. O. Address *Seaside*

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.