

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015240

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Rolla</u> TOWN		c. CITY OR TOWN <u>St. James</u> - 0810 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McFarland N. Home</u>		d. STREET ADDRESS <u>124 W Aida</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <u>3 wks</u>			

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Beckham</u> Last <u>Beckham</u>			4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1874</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Beckham</u>			14. MOTHER'S MAIDEN NAME <u>Francis Glenn</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> <u>none</u>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT Mrs Chat Pait <u>3862 S. Spring St. Louis, Missouri</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Neoplastic Obstructive Disease</u>	
	DUE TO (c) <u>Undiagnosed Malignancy</u> 1992	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Juvenile - Atherosclerotic Heart Disease</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u>8 PM</u> Month, Day, Year		
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 <u>St. James, Missouri</u>

21. I attended the deceased from May 1957 to March 22 1958 and last saw him alive on March 23  
Death occurred at 8 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Amuel C. Boney M. D.</u> (Degree or title)	22b. ADDRESS <u>St. James Clinic, St. James, Mo</u>	22c. DATE SIGNED <u>4-8-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 7 58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>
24. FUNERAL DIRECTOR <u> Jesse G. St. James, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>St. James, Missouri</u>
25. DATE RECD. BY LOCAL REG. <u>April 8, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

Health,  
Welfare  
Public  
Service

0812  
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RECEIVED

Phelps County Health Officer,

County File Number 1015

Date Filed 4-15-58

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

Student.....  
Signature of Student Embalmer

Signed C. Jesse Galt.....

Licensed Embalmer No. 448

P. O. Address Ph. Jam

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.