

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028096
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Mexico</u> <u>0043</u> 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>534 W. Pearson</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>534 West Pearson</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Howard</u> Last <u>Beckley</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>25</u> Year <u>1958</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 14, 1872</u>	9. AGE (In years last birthday) <u>85</u>	10. FUNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
-----------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>	11. BIRTHPLACE (City and state or country) <u>Beckley, W. Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>William G. Beckley</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret E. Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Mamie Beckley</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-05-7859</u>	17. INFORMANT <u>Mrs. Mamie Beckley Mexico, Mo.</u> Address <u>534 W. Pearson</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>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senelety</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ 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 <u>Mexico</u>	COUNTY _____ STATE _____
---	--	--	---	--------------------------

21. I attended the deceased from <u>1957</u> to <u>1958</u> and last saw him alive on <u>Aug 25-1958</u> Death occurred at <u>5:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. Garrell</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Mexico Mo</u>	22c. DATE SIGNED <u>8/26/58</u>
---	----------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-27-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
--	-------------------------------	--	--

24. FUNERAL DIRECTOR <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 27-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
--	-------------------------------	--	---

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

9.

NOV 8 1958

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 *Leo H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mexico, M.*

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.