

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038628

STATE FILE NUMBER

1984 2-28  
FILED NOV 12 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 202

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|   |                                  |   |   |   |   |
|---|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Vernon</b>  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Nevada</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Nevada</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital</b>   |                                  | Length of stay in lb<br><b>9 Days</b>   | d. STREET ADDRESS (If outside, give location)<br><b>R. R. 2</b>   |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>George H. Beckham</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Oct. 27 1958</b>   |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 18, 1958</b>  |   | 9. AGE (In years last birthday)<br><b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Child</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Nevada, Missouri</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |                                  | 13a. FATHER'S NAME<br><b>Guymon Beckham</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Julia Daniels</b>                     |   |
| 14. NAME OF HUSBAND OR WIFE   |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>                                |   |
| 17. INFORMANT<br><b>Guymon Beckham</b>  |                                  | Address<br><b>R. R. 2 Nevada, Mo.</b>   |   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bilateral Bronchopneumonia</b>  |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 hours</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Otitis media</b>  |                                  |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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>Oct. 18, 1958</b> to <b>Oct. 27, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>10-27-58</b><br>Death occurred at <b>4:32 A</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE<br><i>F. B. Martin</i>   |                                  | (Degree or title)<br><b>M.D.</b>  |   | 22b. ADDRESS<br><b>218 E. Hunter Nevada, Mo.</b>                      |   |
| 22c. DATE SIGNED<br><b>10-28-58</b>   |                                  |   |   |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>28 Oct.</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Moore Cemetery</b>           |   |
| 23d. LOCATION (City, town, or county)<br><b>Vernon Co. Mo.</b>  |                                  | (State)   |   |   |   |
| 24. FUNERAL DIRECTOR<br><b>Richard L. Shorten</b>   |                                  | ADDRESS<br><b>Nevada, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-6-1958</b>                      |   |
| 26. REGISTRAR'S SIGNATURE<br><i>Anna J. Jerry</i>   |                                  |   |   |   |   |

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lloyd C. McLeod* .....

Licensed Embalmer No. *4853* .....  
P. O. Address *Nebraska, 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.