

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010162
STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal, Missouri Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 511 Grand Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 511 Grand Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Henry William Beckley			4. DATE OF DEATH Month Day Year March 14, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1862
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		9b. KIND OF BUSINESS OR INDUSTRY None	9c. AGE (In years of birthday) 96 IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.
10a. FATHER'S NAME Jacob Beckley		10b. MOTHER'S MAIDEN NAME Not known	10c. NAME OF HUSBAND OR WIFE Sarah Ann Beckley
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		12. SOCIAL SECURITY NO. No	13. INFORMANT Address Mrs. Emid Mason, Hannibal, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) _____ 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 4 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 3-12-1959 to 3-14-1959 and last saw her alive on 3-12-1959 Death occurred at 2:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. C. Fisher, M.D.</i>		22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED 3-16-1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-16-1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Prararie	23d. LOCATION (City, town, or county) (State) 5 Mi. N.W. of Bethel Mo.
24. FUNERAL DIRECTOR ADDRESS C.W. Musgrove, Bethel Missouri		25. DATE RECD. BY LOCAL REG. 3-16-1959	26. REGISTRAR'S SIGNATURE W. C. Fisher <i>Dr. E. M. Lucke</i>

(Licensed Embalmer's Statement on Reverse Side)

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

DATE FILED MAR 25 1967

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. W. Musgrave*

Licensed Embalmer No. *2719*
P. O. Address *Bethel, 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.