

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020915

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 28

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY GASCONADE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HERMANN.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE GREEN VALLEY HOME		Length of stay in lb 3 1/2 mo.	d. STREET ADDRESS (If outside, give location) 118 W. 2ND ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM AUGUST BECKMANN			4. DATE OF DEATH Month Day Year JUNE 21-1959		
5. SEX MALE	6. COLOR OR RACE CAU.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 10-1871	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) HERMANN MO		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CHRIST BECKMANN		13b. MOTHER'S MAIDEN NAME SOLOMIA EBERLIN		14. NAME OF HUSBAND OR WIFE EMILIE BECKMANN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT HERBERT BECKMANN Address GRANITE CITY ILL		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute renal failure INTERVAL BETWEEN ONSET AND DEATH 17 hrs. Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) Chronic glomerulonephritis 2 yrs. DUE TO (c) Chronic hypertension 15 yrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592X					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 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 2/29/56 to 6/21/59 and last saw her alive on 6/20/59 Death occurred at 5:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ed. G. Jeter M.D. (Degree or title)		22b. ADDRESS Hermann, Mo		22c. DATE SIGNED 6/23/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/24/59	23c. NAME OF CEMETERY OR CREMATORY BECKMANN FAMILY CEMETERY		23d. LOCATION (City, town, or county) (State) HERMANN MO
24. FUNERAL DIRECTOR HUGH H. BLUMER ADDRESS Hermann Mo		25. DATE RECD. BY LOCAL REG. 6-23-59		26. REGISTRAR'S SIGNATURE Delma Affelmann	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

119-0

SEP 20 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 *[Signature]* Licensed-Embalmer No. 3160 P. O. Address *[Address]*

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.