URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

-60-025563

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 140

ENDED

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 75 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): #812 North Washington St. Tate Nursing Home — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 217 E. Hickory — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Luella Middle: Last: Beckett
4. DATE OF DEATH: Month: July Day: 7 Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 2/11/80
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Bellville, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Demus Garber
13b. MOTHER'S MAIDEN NAME: Armantha Zolman
14. NAME OF HUSBAND OR WIFE: Frank Beckett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. G. Burris. Address: Nevada, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DEGENERATING TUMOR OF UTERUS, TYPE UNDETERMINED — INTERVAL BETWEEN ONSET AND DEATH: 9 Months.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic cardiovascular disease, decompensated, class IV.; Chr. duodenal ulcer.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1952, to Jul 7, 1960 and last saw her/him alive on July 5, 1960
Death occurred at 8:27 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James L. Pascoe M.D.
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 7-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/9/60
23c. NAME OF CEMETERY OR CREMATORY: Deerfield, Mo.
23d. LOCATION (City, town, or county) (State): Vernon Co. Missouri.

24. FUNERAL DIRECTOR: Richard L. Shorten. ADDRESS: Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 7-8-1960
26. REGISTRAR'S SIGNATURE: Annal G. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4853

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.