

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007563

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

38 Primary Registration District No. 3006 Registrar's No. 223

STATE FILE NUMBER

AMENDED

Registration District No. **FILED APR 10 1961**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 4 Days	c. CITY OR TOWN Clinton
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 608 Orchard
3. NAME OF DECEASED (Type or print) First Lester Middle S. Last Beckner		4. DATE OF DEATH Month April Day 1 Year 1961	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-8-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER	9. AGE (last birthday) 65 6
11. BIRTHPLACE (City and state or country) Henry County Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME James Beckner		13b. MOTHER'S MAIDEN NAME King	14. NAME OF HUSBAND OR WIFE ULA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Medical Records - Univ. of Mo. Medical Center	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Respiratory failure - 2 min DUE TO (b) Probable Myocardial Infarction DUE TO (c) Generalized Arterial sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (given in PART I (a)) Obstructive Pulmonary Emphysema PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year _____			
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 4-1-61 to 4-1-61 and last saw him alive on 4-1-61 Death occurred at 11:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Monie Gordon MD		22b. ADDRESS Univ. Hospital Col. Mo.	22c. DATE SIGNED 4-1-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-5-61	23c. NAME OF CEMETERY OR CREMATORY Englewood-Centr. Clinton mo	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Dickman & Dunning Clinton Mo		25. DATE REC'D. BY LOCAL REG. Apr 2 1961	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer

DATE AMENDED: 6/1/61, 6/1/61
INSTEAD OF: her, 4/5/61 & Englewood
SHOULD READ: him, 4/4/61 & Fields Creek

DOCUMENT BY AFFIDAVIT OF Attend. Phys. & Fun. Dir.

MEDICAL CERTIFICATION

MAY 3 1961

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 Robert J. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.