

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008642

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1053

AMENDED

FILED MAR 20 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hanson Site</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Platte</u>
Length of stay in lb <u>1 da</u>		c. CITY OR TOWN <u>Liberty</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Caterpillar Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>E Hwy 10</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>George</u> Middle <u>H</u> Last <u>Beckett</u>	Month <u>Feb.</u> Day <u>26</u> Year <u>1961</u>

5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-28-1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and state or country) <u>Platte Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>H.C. Beckett</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Stevenson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Emmett Beckett</u> Address <u>Liberty, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Immediate
IMMEDIATE CAUSE (a) <u>cardiac arrest</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary occlusion</u>	
DUE TO (c) <u>coronary sclerosis</u>	30 min.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>bilateral lobar pneumonia and gastric ulcer</u>	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
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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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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 <u>Liberty, Mo.</u>	COUNTY <u>Platte</u>	STATE <u>MO</u>
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21. I attended the deceased from Feb. 24, 1961 to Feb. 26, 1961 and last saw ^{him} her alive on Feb. 26, 1961
 Death occurred at 12:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clyde M. Smith</u> (Degree or title)	22b. ADDRESS <u>10 W. Kansas, Liberty, Missouri</u>	22c. DATE SIGNED <u>2-27-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt Olivet</u>	23d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo</u>
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24. FUNERAL DIRECTOR <u>Church-Archer Co.</u> ADDRESS <u>Liberty, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-28-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 ITEM NO.
 SHOULD READ
 AFFIDAVIT OF
 BY
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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 John L. Linton

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.