

*Beckman*

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-027464**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 364

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED AUG 8 1962**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Independence San. &amp; Hospital</b>		Length of stay in lb <b>5 Days</b>	c. CITY OR TOWN <b>Independence</b>
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS <b>20001 Truman Rd</b>	Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Leslie</b>	Middle <b>Todd</b>	Last <b>Pemberton</b>	Month <b>July</b>	Day <b>30</b>	Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 25 1962</b>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b> Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Independence Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Billy Pemberton</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia Todd</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr Billy Pemberton</b>	Address <b>20001 Truman Rd</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
IMMEDIATE CAUSE (a) <b>Pneumonia (3 mo)</b>		
DUE TO (b) <b>cessation of respiration</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) <b>Spontaneous delivery at 3 mo early -</b>	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 checked="" type="checkbox"/> NO <input 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 July 25, 62 to July 30 and last saw him alive on 30 July 62  
Death occurred at P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Z Beckman MD</i>	(Degree or title) <b>MD</b>	22b. ADDRESS <b>Indep, Mo</b>	22c. DATE SIGNED <b>8-1-62</b>
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23a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 1 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Independence Missouri</b>
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24. FUNERAL DIRECTOR <b>Roland R Speaks Funeral Home</b>	ADDRESS <b>Independence</b>	25. DATE RECD. BY LOCAL REG. <b>8-1-62</b>	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>
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(Licensed Embalmer's Statement on Reverse Side)

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Rev. 4/59  
  
17005  
27005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

**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 Don D. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student Don D. Lindsey  
Signature of Student Embalmer

Signed Roland B. Spence

Licensed Embalmer No. 3604

P. O. Address Indep. Miss.

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.

8-2-62