

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-029904

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 183

FILED AUG 29 1962

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Rev. 4/5916047
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN 5 mi N.W. Middletown	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) Cuivre Township	
3. NAME OF DECEASED (Type or print) First Albert Henry Beckfield Middle Albert Henry Beckfield Last Beckfield		4. DATE OF DEATH Month August Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-9-1911
9. AGE (last birthday) 51		10. IF UNDER 1 YEAR Months 51 Days 51 Hours 51 Min. 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (City and state or country) Albert City, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Louis Beckfield		13b. MOTHER'S MAIDEN NAME Martha Sievers	
14. NAME OF HUSBAND OR WIFE Sophie Beckfield		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. 499-40-0156		17. INFORMANT Mrs. Wm. A. Rathburn, Vandalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Necrotizing Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 11:00 a.m. p.m. Month, Day, Year 8-17-62	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 Mexico, Mo		
21. I attended the deceased from 8-17-62 to 8-18-62 and last saw him alive on 8-18-62		Death occurred at 11:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H. J. Rathburn (Degree or title)		22b. ADDRESS Mexico, Mo	
22c. DATE SIGNED 8-24-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-21-62		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	
23d. LOCATION (City, town, or county) Ralls Co., Missouri		24. FUNERAL DIRECTOR William B. Bates, Vandalia, Mo	
25. DATE RECD. BY LOCAL REG. Aug 25-1962		26. REGISTRAR'S SIGNATURE Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

H. J. Rathburn

AUG 30 1962

Permit not obtained

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

William D. Baker

Licensed Embalmer No. 4169

P. O. Address Bandalia, 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.