

FILED JUN 11 1951 STANDARD CERTIFICATE OF DEATH

State File No. **15617**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **599**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2414 S. 11th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eslar</b> b. (Middle) _____ c. (Last) <b>Beckstead</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 30, 1951.</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Febr. 24, 1880.</b>	9. AGE (in years last birthday) <b>71</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Atchison County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Frank Beckstead</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Alice Ried</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'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. R. Liggett St. Joseph, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>intermediate heart disease</b> DUE TO (c) <b>etc.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>Several years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity from overeating</b>		years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-29-51**, to **5-30**, 19**51**, that I last saw the deceased alive on **5-29**, 19**51**, and that death occurred at **4:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Laverne W. Jole M.D.</b>		23b. ADDRESS <b>902 Edmond St., St. Joseph Mo</b>		23c. DATE SIGNED <b>May 31, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 31, 1951.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Hamburg, Iowa.</b>					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 5, 1951</b> <b>Carl C. Casper</b>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Halter Meierhoffer St. Joseph, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \*\*\*\*\*

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Student Embalmer No. \*\*\* \*\*

working under my personal supervision.

Signed: *Albert C. Farrington*

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Signed .....  
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, fact should be so stated above.