

7-26-51
FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24277**
6006

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Waltonville 8120	
c. LENGTH OF STAY (in this place) 2 wks.		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Deaconess Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE	b. (Middle)	c. (Last) BECKHAM	4. DATE OF DEATH (Month) (Day) (Year) 7 4 51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-3-1905	9. AGE (In years last birthday) 45 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Mts. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fulton County Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Griggby	13b. MOTHER'S MAIDEN NAME Hugusta Harrison	14. NAME OF HUSBAND OR WIFE Newman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Newman Beckham	ADDRESS Waltonville, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 12 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor, st. abdominal, type undetermined		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with destruction of superior vena cava		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 239X
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22. I hereby certify that I attended the deceased from **6-21**, 19**51**, to **7-4**, 19**51**, that I last saw the deceased alive on **7-4**, 19**51**, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert C. Hengstler	(Degree or title) M.D.	23b. ADDRESS 314 Brentwood Blvd, Clayton, Mo	23c. DATE SIGNED 7-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-5-1951	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Nason Lee
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DATE REC'D BY LOCAL REG. JUL 5	REGISTRAR'S SIGNATURE A. B. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed W. E. Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St. Louis 10 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 this body is not embalmed, fact should be so stated above.