

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4322

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Excelsior Springs</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>314 West Excelsior</i>		d. STREET ADDRESS (If rural, give location) <i>314 West Excelsior St.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>HENRY</i>	b. (Middle) <i>FREDERICK</i>	c. (Last) <i>BECKETT</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 11, 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 11, 1872</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>3</i> Days <i>0</i>	IF UNDER 1 HR. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Carpenter</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Carpentering</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Thomas Beckett</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Woods</i>	14. NAME OF HUSBAND, OR WIFE <i>Maggie H. Beckett</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Wilbert Beckett, Liberty, Mo.</i>	ADDRESS <i>Liberty, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		
	ANTECEDENT CAUSES DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *1/5/52*, 19\_\_ to *1/11/52*, 19\_\_, that I last saw the deceased alive on *1/11/52*, 19\_\_, and that death occurred at *9:30 A.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M. D.</i>	23b. ADDRESS <i>Excelsior Springs, Mo.</i>	23c. DATE SIGNED <i>1/11/52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-13-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Enon Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Excelsior Springs, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>2/13/52</i>	REGISTRAR'S SIGNATURE <i>Baroline Hutchings</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles Crickard</i>	ADDRESS <i>Excelsior Springs, Mo.</i>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

242  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl Tapp .....

Licensed Embalmer No. 23458 .....

P. O. Address Excelsior Springs, 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.