

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10240

State File No. 10240  
 Registrar's No. 163

FILED APR 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>			2. USUAL RESIDENCE (Where deceased lived: If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>1809 HARLEM</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26, 1953</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEATRICE</u> b. (Middle) _____ c. (Last) <u>BECKMAN</u>			5. SEX <u>FEMALE</u>		
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 21, 1899</u>		9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUSIC</u>	11. BIRTHPLACE (State or foreign country) <u>CARTHAGE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>CARL O'NEIL</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA KUHN</u>		14. NAME OF HUSBAND OR WIFE <u>CARL BECKMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>CARL BECKMAN, 1809 HARLEM, JOPLIN</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Carcinoma of left ovary and Carcinoma of uterus</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-15-52</u>  <u>2-15-52</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. 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)		<u>174x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>1-30</u> , 19 <u>52</u> , to <u>3-26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-26</u> , 19 <u>53</u> and that death occurred at <u>6:10 p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>321 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-1-53</u>		FUNDING AGENCY	FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0495

0495

138-0  
 (Licensed Embalmer's Signature on Reverse Side)

RECEIVED 4-6-53  
Jasper County Health Office

County File Number 53/4/316

Date Filed 4-7-53

COPIES TO FILE

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.