

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36747

State File No.

BIRTH NO. FILED OCT 26 1953 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	c. LENGTH OF STAY (In this place) 45 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1012 S. Missouri		d. STREET ADDRESS (If rural, give location) 1012 S. Missouri	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Lozenia	c. (Last) Beckley	4. DATE OF DEATH (Month) (Day) (Year) Oct 18, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 18, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY Public Schools	11. BIRTHPLACE (State or foreign country) Leeton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William N. Beckley	13b. MOTHER'S MAIDEN NAME Mary D. Chaple	14. NAME OF HUSBAND OR WIFE Leila Wherry Beckley
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leila Beckley, Sedalia, Mo.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? 4201 YES <input 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?
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22. I hereby certify that I attended the deceased from 6-15-52 to 10-18-53, 1953, that I last saw the deceased alive on 10-18-53, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Gordon Acampuch M.D.	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 10-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 20, 1953	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 10/20/53	REGISTRAR'S SIGNATURE A. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. E. ...	ADDRESS Sedalia, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 4 1953

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 P. C. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 777

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.