

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23550

State File No. ....

BIRTH NO. .... REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 4280 Registrar's No. 24

1. PLACE OF DEATH  
 a. COUNTY LAWRENCE  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOTTS CITY  
 c. LENGTH OF STAY (in this place) 66 YRS.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE MISSOURI b. COUNTY LAWRENCE  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOTTS CITY  
 d. STREET ADDRESS (If rural, give location) 0550

3. NAME OF DECEASED  
 (Types or Print) a. (First) HENRY b. (Middle) BEKEMEIER c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) AUG - 6 - 1954

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JULY 27 1887

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) ILLINOIS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME CHARLIE BEKEMEIER

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE EMMA BEKEMEIER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMMA BEKEMEIER STOTTS CITY MO.

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) Circulatory Failure (decompensated cor Pulmonale)  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Chronic Pulmonary Congestion and mitral stenosis  
 DUE TO (c) Arteriosclerosis  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH  
1 1/2 hours  
14 months  
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 525 X

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to Aug 4, 1954, that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David E. George, D.O.

23b. ADDRESS W. Verison, Mo Aug 6 1954 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE AUG. 8 - 1954

24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY

24d. LOCATION (City, town, or county) (State) 2 mi. So. STOTTS CITY Mo.

DATE REC'D BY LOCAL REG. 8-6-54

REGISTRAR'S SIGNATURE Cecil Handucks 411-6

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Verison

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 me

working under my personal supervision.

Student Embalmer No.....

Signed NH Loasett

Signed.....  
Student Embalmer

Licensed Embalmer No. 2201

P. O. Address mt Vernon me

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.