

FILED DEC 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41475

557 State File No. 185

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4245 Registrar's No. 185

490

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) PURCELL	c. LENGTH OF STAY (in this place) 10 YRS	c. CITY OR TOWN PURCELL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION PURCELL		STREET ADDRESS (If rural, give location) NONE 0490	

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) A	c. (Last) BECKNELL	4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 22 1954	
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5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 29, 1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 23	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	11. BIRTHPLACE (City and State or Foreign Country) MONTGOMERY CO IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME THOMAS BECKNELL		13b. MOTHER'S MAIDEN NAME ELIZABETH BROWN		14. NAME OF HUSBAND OR WIFE LUCY BELL BECKNELL	
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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 LUCY BELL BECKNELL		ADDRESS PURCELL, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Failure due to Coronary Sclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>Chronic Recurrent Malaria</i>				
	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 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) _____
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? <i>116 X</i>

22. I hereby certify that I attended the deceased from Dec 7, 1954, to Dec 22, 1954, that I last saw the deceased alive on Dec 22, 1954, and that death occurred at 11:12 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John Lewis</i> (Degree or title) <i>DO</i>		23b. ADDRESS <i>Webb City, Mo</i>	23c. DATE SIGNED <i>12-22-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-24-1954	24c. NAME OF CEMETERY OR CREMATORY IOOF CEMETERY	24d. LOCATION (City, town, or county) NEOSHO (State) MO
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DATE REC'D BY LOCAL REG. 12-24-54	REGISTRAR'S SIGNATURE <i>John Lewis (dep. Reg.)</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO	
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County File Number
Date Filed
DEC 27 1954

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.....
Signature of Student Embalmer

Signed *Howard Lewis*

Licensed Embalmer No. *456*

P. O. Address *Webb etc*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.