

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33492

FILED NOV 5 - 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5309 Registrar's No. 138

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

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Boonville Twsp. Rural</b> )		c. LENGTH OF STAY (If in this place) <b>10 Years</b>	c. CITY OR TOWN <b>Boonville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home.</b>		STREET ADDRESS (If rural, give location) <b>R. F. D. #3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joseph</b>	b. (Middle) <b>William</b>	c. (Last) <b>Bechtold.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 26 1956</b>
-------------------------------------	--------------------------	----------------------------	----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 1<sup>st</sup> 1891</b>	9. AGE (In years last birthday) <b>65</b>	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) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	---

13a. FATHER'S NAME <b>William Bechtold.</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Lieber.</b>	14. NAME OF HUSBAND OR WIFE _____
---	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) -----	16. SOCIAL SECURITY <b>496-05-5765</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lawrence Gerke, Boonville, Mo.</b>	ADDRESS _____
--	--	--	---------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	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. <b>Asthma</b>		<b>years</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	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) <b>Boonville, Missouri</b>
--	--	--

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 Feb, 1951, to Oct 26, 1956, that I last saw the deceased alive on Oct 22, 1956, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>T.C. Beckett, md</b> (Degree or title) <b>md</b>	23b. ADDRESS <b>Boonville, Mo</b>	23c. DATE SIGNED <b>10-27-56</b>
--	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 29, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>10/27/56</b>	REGISTRAR'S SIGNATURE <b>DC Hooper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	ADDRESS _____
--	--	--	---------------

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 *William N. Wood*.....

Licensed Embalmer No...4539...

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.