Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017462
STATE FILE NUMBER

REC'D JUN 8 1959 Registration District No. 132 Primary Registration District No. Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Laredo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 9 Years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Laredo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Vernon Middle: Truman Last: Beckner
4. DATE OF DEATH Month: June Day: 2 Year: 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH October 11 1894
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 7 Days 21 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster
10b. KIND OF BUSINESS OR INDUSTRY Postal
11. BIRTHPLACE (City and state or country) Tindall Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Marion Beckner
13b. MOTHER'S MAIDEN NAME Lucy L. McCarty
14. NAME OF HUSBAND OR WIFE Martha A. Beckner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-36-2277
17. INFORMANT William M. Beckner Address 3219 Nicholson St. W. Fayetteville, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 2 1959 to June 2 1959 and last saw her/him alive on June 2 1959
Death occurred at 11:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver F. Jeffries (Degree or title) M.D. — 22b. ADDRESS Trenton Mo — 22c. DATE SIGNED June 3 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE June 5 1959 — 23c. NAME OF CEMETERY OR CREMATORY Rural Dale Cemetery — 23d. LOCATION (City, town, or county) Trenton (State) Mo

24. FUNERAL DIRECTOR E. J. Robertson — ADDRESS Funeral Home-Laredo
25. DATE REC'D BY LOCAL REG. 6/5/59
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 J M Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.