

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032083

FILED VS. OCT 13 1959

132

Primary Registration District No. 3021 Registrar's No. 168

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Trenton, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wright Hospital.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>829 McPherson</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last <u>Emma Mildred Beckman</u>			4. DATE OF DEATH Month Day Year <u>10 3 1959</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/8/87</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>23</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>missouri</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Clarence Dudley Cravens</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Jane Jesse</u>		14. NAME OF HUSBAND OR WIFE <u>Axtel Beckman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT Address <u>Betty Harrás, Wathena, Kans</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Gall-Bladder 6 months</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
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 <u>May 11 1959</u> to <u>Oct 30 1959</u> and saw her/him live on <u>Oct 30 1959</u> Death occurred at <u>11:20 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Oliver F. Giffey MD.</u> (Degree or title)		22b. ADDRESS <u>Trenton Mo.</u>		22c. DATE SIGNED <u>Oct 5 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/5/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resthaven</u>	23d. LOCATION (City, town, or county) <u>Trenton, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Chas. J. Gipson, Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10/5/59</u>	26. REGISTRAR'S SIGNATURE <u>Gene Fair</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 20 1960

JAN 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. Upson

Licensed Embalmer No. 3109

P. O. Address Leontau

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.