MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-001357
STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 86

FILED FEB 5 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0460
2 0460
3
4 0
5 1
6
7 0
8 2
9 334X
10
11
12 90-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Willow Springs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 303 E. Valley — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Riley Last Beckham

4. DATE OF DEATH Month January Day 25 Year 1963

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-23-1877
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months 9 Days 2 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) St. James, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alex Beckham
13b. MOTHER'S MAIDEN NAME Mary Davis
14. NAME OF HUSBAND OR WIFE Emma Beckham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Russell Welch Address Rolla, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe[redacted]
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerosis generalized & cerebral
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 7/25/60, to 1/25/63 and last saw her/him alive on 1/24/63
Death occurred at 8:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Amos L Coffee MD
22b. ADDRESS 105 W 2nd Willow Springs, Mo
22c. DATE SIGNED 1/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-27-1963
23c. NAME OF CEMETERY OR CREMATORY Miles Cemetery
23d. LOCATION (City, town, or county) (State) St. James, Missouri

24. FUNERAL DIRECTOR Jesse Gahr ADDRESS 200 D. Meramec St. James, Mo.
25. DATE RECD. BY LOCAL REG. 2/2/63
26. REGISTRAR'S SIGNATURE Bargie Boss

(Licensed Embalmer's Statement on Reverse Side)

FEB 7 1963

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address St. James, 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.