

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031833

FILED VS. SEP 21 1959 82

Primary Registration District No. 3017 Registrar's No. 130

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Boonville</b>		Length of stay in 1b <b>6 hrs</b>	c. CITY OR TOWN <b>Salisbury</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>RT 2</b> (If outside, give location)
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Gates</b> Last <b>Beckett</b>	4. DATE OF DEATH Month <b>Sept</b> Day <b>12</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>APR 26, 1867</b>	9. AGE (last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY <b>MO-usa</b>
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13a. FATHER'S NAME <b>John C. Beckett</b>	13b. MOTHER'S M maiden NAME <b>Elizabeth Collins</b>	14. NAME OF HUSBAND OR WIFE <b>Lilian Minor</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. —	17. INFORMANT <b>A. T. C. Beckett, Boonville, MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intestinal Obstruction -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Exact Etiology Undetermined</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) <b>Hemato Urinary Retention</b>		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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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 <b>Boonville, MO</b>	COUNTY <b>MO</b>	STATE <b>MO</b>
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21. I attended the deceased from <b>Sept. 12<sup>th</sup> / 59</b> to <b>Sept. 12 / 59</b> and last saw <sup>her</sup> <b>him</b> live on <b>Sept. 12 / 59</b> Death occurred at <b>11:15 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>E. T. Humphreys MD.</b>	22b. ADDRESS <b>Boonville, MO.</b>	22c. DATE SIGNED <b>9/13/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept 15, 1959</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Asbury Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Chariton County, Missouri</b>
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24. FUNERAL DIRECTOR <b>Chas. B. Winkelmeier</b>	ADDRESS <b>Salisbury MO</b>	25. DATE RECD. BY LOCAL REG. <b>9/13/59</b>	26. REGISTRAR'S SIGNATURE <b>SS Cooper</b>
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BY AFFIDAVIT OF

**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

*Chas B Winkelmeier*

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.