

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8245**BIRTH NO. **5127** **MAR 22 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **293**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b> <b>0000</b>					
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place) <b>1 WEEK</b>		c. CITY OR TOWN <b>GOLDEN CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SPRINGFIELD BAPTIST</b>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <b>IRA</b>			b. (Middle) <b>BECKHAM</b>		c. (Last) <b>BECKHAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH, 17, 1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY, 16, 1878</b>		9. AGE (In years) <b>75</b> IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LAWRENCE COUNTY, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>AL BECKHAM</b>			13b. MOTHER'S MAIDEN NAME <b>ELIZABETH CASSITY</b>			14. NAME OF HUSBAND OR WIFE <b>MERLE BECKHAM</b>			
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 NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS MERLE BECKHAM</b> ADDRESS <b>GOLDEN CITY, MO</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)							
		DUE TO (c)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)				
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? <b>Man</b>				
22. I hereby certify that I attended the deceased from <b>Aug 29, 1949</b> , to <b>Aug 17, 1954</b> , that I last saw the deceased alive on <b>Mar 16, 1954</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Sh. P. Maddipati</b> <b>MD</b>				23b. ADDRESS <b>Springfield, Mo</b>				23c. DATE SIGNED <b>3/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR, 20, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I. O. F CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>GOLDEN CITY, MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-17-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PHILLIPS FUNERAL HOME, GOLDEN CITY, MO</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *H. E. Pugh*

Licensed Embalmer No. *32*

P. O. Address *Golden, Co.*

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.