

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018478

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fortuna		c. CITY OR TOWN Fortuna	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) No street numbers	
3. NAME OF DECEASED (Type or print) First Henry Middle William Last Becker		4. DATE OF DEATH Month May Day 27th Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March, 3rd. 1889
9. AGE (In years of last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and state or country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ferdanda Becker		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Amanda Becker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Amanda Becker (wife) Fortuna, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe Generalized Arteriosclerosis DUE TO (c) years		INTERVAL BETWEEN ONSET AND DEATH 331x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, -ctory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1958 to May 27th 1959 and last saw him alive on April 1959 Death occurred at 5 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Ray J. E. M. D.	
22b. ADDRESS Waverly, Mo.		22c. DATE SIGNED 5-29-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May, 30. 1959	
23c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery		23d. LOCATION (City, town, or county) (State) California, Missouri	
24. FUNERAL DIRECTOR Jewell E. Richards,		25. DATE RECD. BY LOCAL REG. June 1-59	
26. REGISTRAR'S SIGNATURE Mrs. Maude Hudson			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 *Jessie E. Richa*
Licensed Embalmer No. *2466*
P. O. Address *Lipton*

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.