

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1949

State File No. **12429**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>5259</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Grand River TWP</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" Grand River Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>				d. STREET ADDRESS (If rural, give location) <u>8 Miles N. E. Gallatin, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Russell</u> c. (Last) <u>Becker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 29 1948</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 26 1936</u>		9. AGE (In years last birthday) <u>12</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Jameson, Missouri Public School</u>		11. BIRTHPLACE (State or foreign country) <u>Gallatin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Russell Becker</u>			13b. MOTHER'S MAIDEN NAME <u>Wilma Worley</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward R. Becker, Gallatin, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis Meningitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic mastoiditis, culture of spinal fluid, revealed tuberculous.</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>816</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>393-2</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 21, 1948</u> to <u>Dec 29, 1948</u> , that I last saw the deceased alive on <u>Dec 29, 1948</u> , and that death occurred at <u>2:15 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D.B. Bailey M.D.</u>				23b. ADDRESS <u>Jamesport, Mo.</u>		23c. DATE SIGNED <u>1-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Scotland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Daviess County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8th Jan. 1949</u>		REGISTRAR'S SIGNATURE <u>Virginia M Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hops Funeral Home</u>		ADDRESS <u>L.O. Dickerson Gallatin Mo.</u>	

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

Dr Bailey 7-10

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.

Signed _____

Student Embalmer _____

Licensed Embalmer No. 3302

P. O. Address Lallatur, 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 this body is not embalmed, fact should be so stated above.