

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11682**

FILED APR 20 1949

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

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 127	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. LENGTH OF STAY (in this place) 4 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Portland			
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital				d. STREET ADDRESS (If rural, give location) RR #1			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Henry c. (Last) Becker			4. DATE OF DEATH (Month) (Day) (Year) April 12 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 5	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock Trader	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Charles Becker		13b. MOTHER'S MAIDEN NAME Augusta		14. NAME OF HUSBAND OR WIFE Amelia Becker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Amelia R. Becker		ADDRESS RR #1 Portland, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/20/1					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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) (m.)	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 April 12, 1949 , to April 12, 1949 , for 2 or 3 hours , that I last saw the deceased alive on April 12, 1949 , and that death occurred at 5:40 p.m. from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree of title)				23b. ADDRESS Fulton, Mo.		23c. DATE SIGNED 4/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Readsville		24d. LOCATION (City, town, or county) (State) Readsville, Mo.			
DATE REC'D BY LOCAL REG. Apr. 16-1949	REGISTRAR'S SIGNATURE Maretta Lawrence		426	25. FUNERAL DIRECTOR'S SIGNATURE Glen Y. Maupin		ADDRESS Fulton, Mo.	

RECEIVED
District Health Officer No. 9,
District File Number
APR 19 1949
Date Filed

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
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton 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.