.S. No. 300
EV. 10.48

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22802

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5226 Registrar's No. 110

1800

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Mt Pleasant
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles NW Belton 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas b. COUNTY: Johnson 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Shawnee 14
d. STREET ADDRESS (If rural, give location): Monrovia R#1 0 2

3. NAME OF DECEASED (Type or Print)
a. (First): Morris b. (Middle): — c. (Last): Becker

4. DATE OF DEATH (Month) (Day) (Year): July 29, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 1-21-1929
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: College
11. BIRTHPLACE (State or foreign country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Becker
13b. MOTHER'S MAIDEN NAME: Amelia Burda
14. NAME OF HUSBAND OR WIFE: No

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Fred Becker — ADDRESS: Monrovia - Rt. 1 Shawnee, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fracture, Skull, Comminuted

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E866 29

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm, Rural
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural Mt. Pleasant Twp, Cass, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 1949 12:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Airplane Crash 19

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Harrisonville Mo
23c. DATE SIGNED: July 29 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-29-49
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cem
24d. LOCATION (City, town, or county) (State): Shawnee, Kansas

DATE REC'D BY LOCAL REG.: July 29, 1949
REGISTRAR'S SIGNATURE: Laura J. Jones 51 0
25. FUNERAL DIRECTOR'S SIGNATURE: E Paul Amos — ADDRESS: 301 Main Shawnee, Kansas

(Licensed Embalmer's Statement on Reverse Side)

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 Richard E. Hearge

Licensed Embalmer No. 3958

P. O. Address Belton, 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.