

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33420

FILED OCT 21 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4164

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>5 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3130 Euclid</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2642 Brighton Avenue</u> | | | |

48
3510

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) _____ c. (Last) <u>Becker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 16, 1906</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Katz Drug Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Louis Becker</u> | 13b. MOTHER'S MAIDEN NAME <u>Freda Lurrey</u> | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Becker</u> |
|--|---|---|

| | | |
|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u> | 16. SOCIAL SECURITY NO. <u>491-07-7544</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Becker</u> ADDRESS <u>3130 Euclid K.C., Mo.</u> |
|---|--|--|

| | | | |
|---|---|--|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Atherosclerosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------------|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT (Specify) _____ SUICIDE _____ HOMICIDE _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Automobile</u> | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Ernest H. Owens</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1034 Oakton Blvd</u> | 23c. DATE SIGNED <u>10-3-50</u> |
|--|--------------------------------------|---------------------------------|

| | | | |
|--|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10/4/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shares Sho Lem Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
|--|--------------------------|---|---|

| | | |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>10-3-50</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp & Sons</u> ADDRESS <u>4139 Truman Rd. K.C., Mo.</u> |
|---|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James W. Earp
Licensed Embalmer No. 4622

P. O. Address Kansas City, 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.