

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5949</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Pike</u> <u>0820</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u> <u>0921</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>B.B. Spring</u>				d. STREET ADDRESS (If rural, give location) _____ <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George William</u> b. (Middle) <u>Becker</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 3, 1885</u>		9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>3</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY (Retired)		11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Vottfried Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Saloma Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Roberts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Becker, R#2 Bowling Green, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis, generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months and 1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Bowling Green Pike Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>3-29</u> , 19 <u>51</u> , to <u>7-19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>51</u> , and that death occurred at <u>10:55 PM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James R. Briggs, M.D.</u>				23b. ADDRESS <u>Bowling Green, Mo.</u>		23c. DATE SIGNED <u>7/20/51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8/2/51</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George O. Hagner</u> <u>Louisiana, Mo.</u>			

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

RECEIVED: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1565
Date Filed: SEP 5 1951

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, ~~XXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

working under my personal supervision.

Student
Student Embalmer

Signed *George O. Hagnel*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.