

No. 300
10-48

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41068

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 3017 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If location: residence before death) a. STATE <i>Mo</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Boonville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Pilot Grove 270</i>	
c. LENGTH OF STAY (in this place) <i>7 mo.</i>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Joseph Hosp.</i>			

3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE OF DEATH (Month) (Day) (Year)
 (Type or Print) *NORA- FRANCES- BECKER* *Dec 29-1951*

5. SEX *Female* 6. COLOR OR RACE *W* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *widowed* 8. DATE OF BIRTH *Aug-12-1892* 9. AGE (to years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. *59*

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) *Housewife* 10b. KIND OF BUSINESS OR INDUSTRY *Same* 11. BIRTHPLACE (State or foreign country) *Kentucky* 12. CITIZENRY OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Clay Woodridge* 13b. MOTHER'S MAIDEN NAME *Suzanne Logsdon* 14. NAME OF HUSBAND (Wife deceased) *Leonard Becker*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *No* 16. SOCIAL SECURITY NO. *No* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *John Becker, Pilot Grove*

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) *Metastatic carcinoma* ANTECEDENT CAUSES DUE TO (b) *Carcinoma of heart (right)* DUE TO (c) *metastatic invasion of both ovaries*

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

INTERVAL BETWEEN ONSET AND DEATH *2 years* *11 years* *1 year*

19a. DATE OF OPERATION *Jan. 1951* 19b. MAJOR FINDINGS OF OPERATION *Carcinoma of right breast. Opinion as to metastatic cause for primary* 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? *170X*

22. I hereby certify that I attended the deceased from *June 1*, 1951, to *Dec. 29*, 1951, that I last saw the deceased alive on *Dec. 28*, 1951, and that death occurred at *3:45 PM* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *W.E. Stone M.D.* 23b. ADDRESS *Boonville Mo* 23c. DATE SIGNED *Dec 29, 1951*

24a. BURIAL, CREMATION, REMOVAL (Specify) *burial* 24b. DATE *Dec-31-51* 24c. NAME OF CEMETERY OR CREMATORY *St Joseph* 24d. LOCATION (City, town, or county) (State) *Pilot Grove - Mo.*

DATE REC'D BY LOCAL REG. *12-29-51* REGISTRAR'S SIGNATURE *D.G. Hooper* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Hays & Painter Pilot Grove Mo*

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 7 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed. JAN 7 1952

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 *myself*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Rayton E. Hays

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.