

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

847

State File No.

FILED FEB 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Roark Twp</u> c. LENGTH OF STAY (In this place) <u>57 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>HOSPITAL 2 mi. East of Hermann</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gasconade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Roark Twp</u> d. STREET ADDRESS (If rural, give location) <u>2 mi. East of Hermann</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BERTHA</u>		b. (Middle) <u>LIESETTA</u>		c. (Last) <u>BECKER</u>	
4. DATE OF DEATH		(Month) <u>Jan</u>		(Day) <u>4</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct 23 1868</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>George Becker</u>				13b. MOTHER'S MAIDEN NAME <u>Ernestine Ziemmer</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theo Becker, Hermann, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Dilatation Heart</u> 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. <u>Septicemia over being taken to nursing home</u>				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Septicemia over being taken to nursing home</u>					
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)			
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? <u>4343</u>			
22. I hereby certify that I attended the deceased from <u>Jan 2</u> , 19 <u>52</u> , to <u>Jan 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 4</u> , 19 <u>52</u> , and that death occurred at <u>a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard Workman M.D.</u>				23b. ADDRESS <u>Hermann Mo</u>		23c. DATE SIGNED <u>1-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Becker Family Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann RFD Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-5-52</u>		REGISTRAR'S SIGNATURE <u>W. Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh H. Plummer</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Hugo H. Blumer

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.