

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2311**

WED JAN 30 1952

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **5968** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. #2.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. R. #2. 0830	
c. LENGTH OF STAY (in this place) 6 mo.		d. STREET ADDRESS (If rural, give location) R. R. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - R.R.#2, Platte Co., Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) F. c. (Last) BECKER			4. DATE OF DEATH Jan. 13, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22, 1900	9. AGE (In years last birthday) 51	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.		11. BIRTHPLACE (State or foreign country) Leeds, Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fredrick Becker		13b. MOTHER'S MAIDEN NAME Lonia Augusta		14. NAME OF HUSBAND OR WIFE Pearl 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. 510-05-9285		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Becker, R.R. #2, Platte City, Mo. ADDRESS _____	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary		DUE TO (b) occlusion with			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) massive myocardial infarction			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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)	
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 **Nov 1929**, 19____, that I last saw the deceased alive on **Nov 19**, and that death occurred at **3:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE H. Graham Parkman (Degree or title)		23b. ADDRESS Platte City		23c. DATE SIGNED 1/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 13, 1952		24c. NAME OF CEMETERY OR CREMATORY K. to Gen.	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. Jan 13, 1952		REGISTRAR'S SIGNATURE R. P. Ballin		25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar, 1800 Linwood, K.C. ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

0830

MAR 13 1963

MAR 13 1963

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No. 2999

P. O. Address _____ KC

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.