

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19246
 52

State File No.

FILED JUL 27 1952

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>		
b. CITY OR TOWN <u>SAVANNAH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SAVANNAH</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDRICK</u> b. (Middle) _____ c. (Last) <u>BECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-9-1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CLOTHING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>	9. AGE (In years last birthday) <u>78</u> If under 1 year: Months <u>11</u> Days <u>19</u> If under 24 hrs: Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <u>ANDREW Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>FREDRICK BECKER-SR.</u>		13b. MOTHER'S MAIDEN NAME <u>NATALIA SCHMITT</u>		
14. NAME OF HUSBAND OR WIFE <u>VICTORIA BECKER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give year or dates of service)		
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Victoria Becker, Savannah, Mo.</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary</u> ANTECEDENT CAUSES _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS <u>Having died in bed. No other conditions.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 (Degree or title) <u>W. P. Kelley MD</u>		23b. ADDRESS <u>Savannah Mo.</u>		
23c. DATE SIGNED <u>6-30-52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-30-1952</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		24d. LOCATION (City, town, or county) (State) <u>SAVANNAH, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-1-52</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>BREIT FUNERAL HOME, SAVANNAH, Mo.</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

00280

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Breck

Licensed Embalmer No. 2650

P. O. Address Savannah 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.