

34511

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 29 1954

No. 300

10-48

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

BIRTH NO.		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5677</u>		Registrar's No. <u>3267</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE Line. In</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-UNION</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY OR TOWN <u>RURAL-UNION</u>		570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #1-EOLIA, MO</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1-EOLIA, MO</u>			
3. NAME OF DECEASED (Type or Print) <u>BONTIE</u>		a. (First)		b. (Middle) <u>AUGUSTUS</u>		c. (Last) <u>BECKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 15, 1954</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC 28, 1874</u>		9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months Days		11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD BECKER</u>		13b. MOTHER'S MAIDEN NAME <u>AUGUSTA THIAS</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE BECKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. CARRIE BECKER-EOLIA, MO</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY INFARCTION ACUTE</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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?			
22. I hereby certify that I attended the deceased from <u>July 1941</u> , to <u>15 Oct</u> , 1954, that I last saw the deceased alive on <u>13 Oct</u> , 1954, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward J. Becker M.D.</u>		23b. ADDRESS <u>906 OLIVE ST. ST. LOUIS 1</u>		23c. DATE SIGNED <u>15 Oct 54</u>			
24a. BURIAL, CREMATION, or REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/28/54</u>		REGISTRAR'S SIGNATURE <u>Miss Clarence Kientz</u>		FUNDRAISING DIRECTOR'S SIGNATURE <u>Geo. McCallie General Service</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embroiderers' Statement on Reverse Side)

JAN 6 1955

NOV 4 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 _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, M

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.