

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4331 Registrar's No. 4

1. PLACE OF DEATH  
a. COUNTY Warren

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)  
a. STATE Missouri b. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township)  
Warrenton

c. LENGTH OF STAY (In this place)  
13 months

c. CITY OR TOWN  
Washington

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Katie Jane Memorial Home

f. STREET ADDRESS (If rural, give location)  
R.R.#1, Box 62 0360

3. NAME OF DECEASED  
a. (First) Alma b. (Middle) \_\_\_\_\_ c. (Last) Becker

4. DATE OF DEATH (Month) (Day) (Year)  
Feb. 6, 1955

5. SEX  
Female

6. COLOR OR RACE  
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Never married

8. DATE OF BIRTH  
April 20, 1870

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.  
84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At home

10b. KIND OF BUSINESS OR INDUSTRY  
Own home

11. BIRTHPLACE (City and State or Foreign Country)  
Franklin County, Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Charles Becker

13b. MOTHER'S MAIDEN NAME  
Elizabeth Ailers

14. NAME OF HUSBAND OR WIFE  
none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Paul L. Becker R.R.#1, Box 62 Washington, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia bilateral hypostatic  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Analysed arteriosclerosis  
DUE TO (c) arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death  
arteriosclerosis  
essential fall of Katie Jane  
meant that woman was

INTERVAL BETWEEN ONSET AND DEATH  
4 days  
2 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
1-2-3)

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)  
109

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from over 29, 1953, to Feb 6, 1955, that I last saw the deceased alive on Feb 4, 1955, and that death occurred at 5:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
[Signature]

23b. ADDRESS  
27 Warren Tr. W. 2-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
2-9-55

24c. NAME OF CEMETERY OR CREMATORY  
Odd Fellows Cemetery

24d. LOCATION (City, town, or county) (State)  
Washington, Mo.

DATE REC'D BY LOCAL REG.  
2-8-55

REGISTRAR'S SIGNATURE  
Lloyd Logan

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Nieburg & Vitt, Inc., Washington, Mo.

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

90  
4

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**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.....  
Signature of Student Embalmer

Signed *John J. Lieburg*.....  
Licensed Embalmer No. *3897*  
P. O. Address *Warrenton*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**