

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7732**

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4178** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Halecomb		c. LENGTH OF STAY (In this place) -	c. CITY OR TOWN Halecomb
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 0350	

3. NAME OF DECEASED (Type or Print) a. (First) HUBH b. (Middle) - c. (Last) BECHERES			4. DATE OF DEATH (Month) (Day) (Year) March 23, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 26, 1865		9. AGE (In years last birthday) 87		IF UNDER 24 HRS. YEAR Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Stock Buyer		10b. KIND OF BUSINESS OR INDUSTRY Stock Buyer		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME not known		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Laura A. Becheres	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Laura A. Becheres, Halecomb, Mo. ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH not known	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 **3/15**, 19**55**, to **3/23**, 19**55**, that I last saw the deceased alive on **3/22**, 19**55**, and that death occurred at **9:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE John E. Dechman (Degree or title) 0		23b. ADDRESS Halecomb, Mo.		23c. DATE SIGNED 3/25/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/25/55		24c. NAME OF CEMETERY OR CREMATORY Moran Memorial Park		24d. LOCATION (City, town, or county) (State) Advance, Missouri	
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DATE REC'D BY LOCAL REG. 4-2-55		REGISTRAR'S SIGNATURE J. Anderson 89		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. E. & B. Mayon, Jr. ADDRESS Advance	
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-5-55
COUNTY FILE NUMBER 455-101.....

APR 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W^m. H. Morgan*
Licensed Embalmer No. 46
P. O. Address *Advan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.