

FILED MAY 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11495**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 12

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Franklin 0360</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Franklin 0360</u> |   |
| b. CITY OR TOWN <u>Rural Lyon</u> (If outside corporate limits, write RURAL and give township) |  | c. CITY OR TOWN   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place)  |  | e. STREET ADDRESS (If rural, give location)<br><u>Gerald Rural Lyon</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>                    |  |   |   |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Amanda</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>Becker</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 3 1955</u> |  |  |
|---|--|--|--|--|--|

|                      |                               |  |   |   |   |   |
|----------------------|-------------------------------|--|---|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH<br><u>July 8, 1895</u> | 9. AGE (In years last birthday) <u>69</u> | 10. UNDER 1 YEAR Months <u>9</u> Days <u>25</u> | 11. UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|--|---|---|---|---|

|   |  |   |   |
|---|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housekeeper</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Gerald, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|--|---|---|

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|---|---|---|
| 13a. FATHER'S NAME<br><u>Fritz Becker</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Louisa Bohnerkamp</u> | 14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/> |
|---|---|---|

|  |   |  |                              |
|--|---|--|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Am. Becker</u> | ADDRESS<br><u>Gerald, Mo</u> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary artery Disease</u> |  |   |
|   | DUE TO (c) <u>Obesity &amp; Hypertension</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><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 5-3, 1955 to 5-3, 1955, that I last saw the deceased alive on 5-3, 1955, and that death occurred at 9 P. M., from the causes and on the date stated above.

|   |                            |                                  |                                   |
|---|----------------------------|----------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><u>Clark Schmitt M.D.</u> | (Degree or title) <u>0</u> | 23b. ADDRESS<br><u>Gerald Mo</u> | 23c. DATE SIGNED<br><u>5-6-55</u> |
|---|----------------------------|----------------------------------|-----------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>5-6-55</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Ebenezer Church Cemetery Gerald, Missouri</u> | 24d. LOCATION (City, town, or county) (State) |
|--|----------------------------|--|---|

|   |   |  |                             |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG.<br><u>May 6-1955</u> | REGISTRAR'S SIGNATURE<br><u>John Charles Fenley 503</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Conrad R. Ottmann</u> | ADDRESS<br><u>Gerald Mo</u> |
|---|---|--|-----------------------------|

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

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..... *Eruast L. Altman*

Licensed Embalmer No... *405*

P. O. Address... *Healed*

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.