

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Belling</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Wayne</u>	c. LENGTH OF STAY (in this place) <u>8 mths</u>	c. CITY OR TOWN <u>Holsum</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Advance</u>		STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEORA</u>	b. (Middle) <u>CORA</u>	c. (Last) <u>BECHERS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23, 1955</u>
--	-------------------------	--------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 4, 1876</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	--

13a. FATHER'S NAME <u>not known</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>Hugh Becher</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Earl Benfield, Advance, Mo.</u>	ADDRESS <u>Advance, Mo.</u>
---	--	---	--------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>not known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>	DUE TO (b) <u>Original Site Pelvis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <u>Enlarged lymphatic glands</u>	1991		
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"/>
------------------------	----------------------------------	---

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) (m.)	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 March, 1955, to 23 Aug, 1955 that I last saw the deceased alive on 23 Aug 55, and that death occurred about 6:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Advance, Mo.</u>	23c. DATE SIGNED <u>24 Aug 55</u>
--------------------------------------	------------------------------	-------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-24-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Mem. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8-25-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</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.....

*Wm H. Inyan*

Licensed Embalmer No. 466

P. O. Address *Adelanto*

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.