No. 300
10.48

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32743

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: ST FRANCIS HOSPITAL FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WASHINGTON, MO
c. LENGTH OF STAY (In this place): 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST FRANCIS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GASCONADE
c. CITY OR TOWN: OWENSVILLE MO RR#1
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): WASHINGTON, MO 0370

3. NAME OF DECEASED (Type or Print): a. (First) MILTON b. (Middle) c. (Last) BECHER

4. DATE OF DEATH (Month) (Day) (Year): Oct 11 1955

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-12-1914
9. AGE (In years last birthday): 41 — 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): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GRAIN FARM.
11. BIRTHPLACE (City and State or Foreign Country): Columbus, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: HERMAN BECHER
13b. MOTHER'S MAIDEN NAME: Olga Depe
14. NAME OF HUSBAND OR WIFE: Frieda Becher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: HERMAN BECHER ADDRESS: OWENSVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute pulmonary oedema
left ventricular hypertrophy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cause unknown
DUE TO (c): undetermined to date
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 Oct 10, 1955, to Oct 11, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

23a. SIGNATURE: H W Schmidt (Degree or title) MD
23b. ADDRESS: Mrs & Elm Washington Mo
23c. DATE SIGNED: 10-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: OCT. 12-1955
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Columbus, Nebraska

DATE REC'D BY LOCAL REG.: 10/12/55
REGISTRAR'S SIGNATURE: F. G. Heckmann G. L. Heckmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: D. F. Lichtenberg, ADDRESS: Marthasville, Mo

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Delmont F. Lichtenberg

Licensed Embalmer No. 43

P. O. Address Marthasvill

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