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FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4217

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5328 Registrar's No. 1-1956

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leasburg "Rural" Liberty
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leasburg "Rural" Liberty
d. STREET ADDRESS (If rural, give location): 1½ mi S. of Leasburg - Forrest Hill Rd

02810

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Ann
c. (Last): Becker

4. DATE OF DEATH (Month) (Day) (Year): March 5 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 19 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): - Canada -
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Drake
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND ~~[illegible]~~: Harry H. Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 488-10-8832
17. INFORMANT'S SIGNATURE OR NAME: Harry H. Becker - Leasburg
ADDRESS: 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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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
331x
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* Nov, 1955, *to* Mar 5, 1956, *that I last saw the deceased alive on* Mar 6, 1956, *and that death occurred at* 1155 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Skillings DO
23b. ADDRESS: Cuba Mo
23c. DATE SIGNED: 3-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 7-1956
24c. NAME OF CEMETERY OR CREMATORY: Lea Cemetery
24d. LOCATION (City, town, or county): Leasburg (State): MO.

DATE REC'D BY LOCAL REG.: 3-6-1956
REGISTRAR'S SIGNATURE: W. C. Davis
Deputy Registrar 372-C
25. FUNERAL DIRECTOR'S SIGNATURE: Herman [illegible]
ADDRESS: Cuba Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1956

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 .....
Student Embalmer

Signed Norman R. Haener

Licensed Embalmer No. 4673

P. O. Address Cuba, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.