

FILED JUL 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. **21517**

BIRTH NO.		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 5984		Registrar's No. 84			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pulaski					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richland, Mo Rt. #1)		c. LENGTH OF STAY (In this place) 55 yr		c. CITY OR TOWN Richland, Mo		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒			
d. FULL NAME OF HOSPITAL OR INSTITUTION None.				f. STREET ADDRESS (If rural, give location) Rural Rt. #1.					
3. NAME OF DECEASED (Type or Print) a. (First) Otto.		b. (Middle) Charles.		c. (Last) Becker.		4. DATE OF DEATH (Month) (Day) (Year) 7/1/1956			
5. SEX Male		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH 7/25/1889			
9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months 11 Days 6		11. BIRTHPLACE (City and State or Foreign Country) Pulaski Co. Crocker, Mo R.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY None.		13. FATHER'S NAME Alois Becker.					
13b. MOTHER'S MAIDEN NAME Justina Ritz		14. NAME OF HUSBAND OR WIFE Sallie C. Greenstreet.				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) No. (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. Unknown.		17. INFORMANT'S SIGNATURE OR NAME Sallie C. Becker				ADDRESS Richland, Mo Rural.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension + Decompensated Heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from Dead on arrival , 19 56 , that I last saw the deceased alive on 7-3-56 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE R.O. Smith		23b. ADDRESS Waynesville, Missouri		23c. DATE SIGNED 7-3-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3/56		24c. NAME OF CEMETERY OR CREMATORY Elm Grove Cemetery		24d. LOCATION (City, town, or county) (State) Richland, Mo Rural Rt.			
DATE REC'D BY LOCAL REG. 7-3-56		REGISTRAR'S SIGNATURE Paula Mae Anderson		25. SIGNATURE OF EMBALMER Richland, Mo Hedges Funeral Home Crocker, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 489

P. O. Address. Waynesville

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.

RECEIVED
4-7-56
Pulaski County Health Officer
File Number 4-3-56
Date Filed 4-7-56