

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31216**

**306**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cole County</b> <b>0264</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b> <b>0760</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City, Mo.</b> <b>0</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Freeburg</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Charles E. Still</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0</b>	
e. STREET ADDRESS (If rural, give location)		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) **Valentine** b. (Middle) **—** c. (Last) **Becker** 4. DATE OF DEATH (Month) (Day) (Year) **September 23, 1957**

5. SEX **Male 0** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single 0** 8. DATE OF BIRTH **April 8, 1882** 9. AGE (In years last birthday) **75** if UNDER 1 YEAR Months **5** Days **15** if UNDER 24 HRS. Hours **—** Min. **—**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cabinet Maker** 10b. KIND OF BUSINESS OR INDUSTRY **—** 11. BIRTHPLACE (City and State or Foreign Country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Paul Becker** 13b. MOTHER'S MAIDEN NAME **Margaret Deeter** 14. NAME OF HUSBAND OR WIFE **—**

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 **Charles E. Still** ADDRESS **Hospital**

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> DUE TO (c) <b>Prostatic hypertrophy</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Prostatic hypertrophy</b>	

19a. DATE OF OPERATION **9/20/57** 19b. MAJOR FINDINGS OF OPERATION **Prostatic hypertrophy 610X** 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) (Min.) 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 **9/14**, 19**57**, to **9/23**, 19**57**, that I last saw the deceased alive on **9/23**, 19**57**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **D. C. Michael** (Degree or title) 23b. ADDRESS **22 Jefferson City** 23c. DATE SIGNED **9/23/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Reburied** 24b. DATE **Sept. 26, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Holy Family Cemetery** 24d. LOCATION (City, town, or county) (State) **Freeburg, Mo.**

DATE REC'D BY LOCAL REG. **24 Sept. 1957** REGISTRAR'S SIGNATURE **R. P. Davis, MD** HEALTH DIRECTOR'S SIGNATURE **W. H. ...** ADDRESS **...**

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 *W. C. Birmingham*.....

Licensed Embalmer No. *366*.....

P. O. Address *Quinn*.....

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.