

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH35117
STATE FILE NUMBERRegistration District No. 61 Primary Registration District No. 5237 Registrar's No. 50S. 300
1-57Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Box Township</u> Inside Limits Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in lb		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>El Dorado Springs</u> Inside Limits Yes ☐ No ☒ d. STREET ADDRESS <u>Route 3</u> (If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>M</u> Last <u>Becley</u>		4. DATE OF DEATH Month <u>Ell</u> Day <u>1</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>12-25-1876</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Isrel May</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Burkhart</u>		15. NAME OF HUSBAND OR WIFE <u>Robt. E. Becley</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>4201</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO (b) <u>D</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Cedar Co., Missouri</u>	
21. I attended the deceased from <u>10.31.57</u> and last saw her alive on <u>10.31.57</u> Death occurred at <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Wm B Kitter MD</u>		22b. ADDRESS <u>Starkton Md</u>	
22c. DATE SIGNED <u>11.2.57</u>		22d. LOCATION (City, town, or county) (State) <u>Cedar Co., Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-3-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Hall Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar Co., Missouri</u>	
24. FUNERAL DIRECTOR <u>Gwin-Carothers, El Dorado Spgs. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-2-57</u>	
26. REGISTRAR'S SIGNATURE <u>George W. Nafus</u>		27. LICENSED EMBALMER'S SIGNATURE <u></u>	

(Licensed Embalmer's Signature on Reverse Side)

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 *Frederick E. Caruthers*

Licensed Embalmer No. *4419*

P. O. Address *Waco, Tex.*

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.