

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

428  
STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Portland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		Length of stay in 1b 4 Wks.	d. STREET ADDRESS RFD 1
3. NAME OF DECEASED (Type or print) First Middle Last Amelia Olivia Becker			4. DATE OF DEATH Month Day Year Jan. 17, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1881
9. AGE (In years at birthday) 76		10. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Portland Missouri
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Housewife	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Masek		13b. MOTHER'S MAIDEN NAME Rosa Soukup	14. NAME OF HUSBAND OR WIFE Charles 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. no	17. INFORMANT Address Forest Beck Portland Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Cardiac Decompensation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Myocardial Degeneration</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			INTERVAL BETWEEN ONSET AND DEATH 1 mo. ?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
19. I attended the deceased from <i>1-17-58</i> to <i>1-17-58</i> and last saw her alive on <i>1-16-58</i> Death occurred at _____ A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Oliver Brown MD</i>		22b. ADDRESS <i>Fulton Mo.</i>	22c. DATE SIGNED <i>1-18-58</i>
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE Jan. 21/58	23c. NAME OF CEMETERY OR CREMATORY Bethel	23d. LOCATION (City, town, or county) (State) Readsville, Missouri.
24. FUNERAL DIRECTOR <i>Morgan</i>		25. DATE RECD. BY LOCAL REG. <i>Jan-18-1958</i>	26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>

(Licensed Embalmer's Statement on Reverse Side)

with, where, public, office

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57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diagnoses in Part I must be causally related.

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 *J. J. Rossor* .....  
Licensed Embalmer No. *2555* .....  
P. O. Address. *St. Louis, Mo.* .....

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.