

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033578
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 231 Primary Registration District No. 5808 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bear Creek Twp</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN <u>Jonesburg</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wm. Wof Jonesburg</u> Length of stay in lb <u>1 Year</u>		d. STREET ADDRESS (If outside, give location) <u>Jonesburg Mo</u> Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. NAME OF DECEASED (Type or print) First <u>Theodore</u> Middle <u>Becker</u> Last <u>Becker</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>9</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Can.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 10 1865</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>GERMANY</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. NAME OF HUSBAND OR WIFE <u>Pauline Becker</u>	
13a. FATHER'S NAME <u>George Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Ernestine Zimmer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Marie Davis</u> Address <u>Jonesburg Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis Left foot.</u> DUE TO (c) <u>Chronic Hypertension</u>	
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.) <u>463X</u>	
20c. TIME OF INJURY Hour <u>11:45</u> Month, Day, Year <u>9/9/58</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jonesburg Mo</u>		20f. CITY, TOWN, OR LOCATION <u>Jonesburg Mo</u> COUNTY <u>Montgomery</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>8/6/57</u> to <u>9/8/57</u> and last saw her alive on <u>9/8/57</u> Death occurred at <u>11:45</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>H. J. Funder</u> 22b. ADDRESS <u>Jonesburg Mo</u> 22c. DATE SIGNED <u>9/9/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louise Is and Cemetery</u>	23d. LOCATION (City, town, or county) <u>McKittick Mo</u> (State)
24. FUNERAL DIRECTOR <u>Hugo H. Bumer</u> ADDRESS <u>Hermann Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-58</u> 26. REGISTRAR'S SIGNATURE <u>Luna S. Ballway</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, 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

MEDICAL CERTIFICATION

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 *Hugot Dimer*

Licensed Embalmer No. *3160*

P. O. Address *Herrmann M*

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.