

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000872
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 27

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-57

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WASHINGTON	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HWY 66	Length of stay in 1b	d. STREET ADDRESS R.R.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PERRY Middle ARTHUR Last BECKER	4. DATE OF DEATH Month JAN. Day 21, Year 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 10, 1938	9. AGE (In years birth day) 20	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY AIR CRAFT	11. BIRTHPLACE (City and state or country) WASHINGTON, MO. C	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDWARD BECKER	13b. MOTHER'S MAIDEN NAME SALENA HOLLMANN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491-40-3212	17. INFORMANT HOMER BECKER Address WASHINGTON, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE SKULL FRACTURES, DUE TO (b) FRacture LEFT ANKLE AND HIP DUE TO (c) RIGHT HUMERUS AND FRACTURE OF RIB CAGE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	INTERVAL BETWEEN ONSET AND DEATH INSTANT.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) SUBJECT WAS DRIVING AUTO ON SNOW WHEN
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20c. TIME OF INJURY Hour 7:00 a.m. Month, Day, Year 1/21/59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIghWAY 66 9 MILES EAST UNION FRANKLIN MO.	20f. CITY, TOWN, OR LOCATION WASHINGTON COUNTY C36 STATE MO.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. O. Stumack, M.D.	22b. ADDRESS Union Mo	22c. DATE SIGNED 1/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN. 25, 1959	23c. NAME OF CEMETERY OR CREMATORY ST. PETERS E & R CEM.	23d. LOCATION (City, town, or county) (State) WASHINGTON, MO.
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24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME	ADDRESS UNION, MO.	25. DATE RECD. BY LOCAL REG. 1-24-59	26. REGISTRAR'S SIGNATURE W. O. Stumack
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases 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 *Ralph Ottmann*

Licensed Embalmer No. *4808*

P. O. Address... *Union, 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.