

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006580  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

FILED MAR 9 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 86

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Sedalia</u> <u>804</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital 3 yrs</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1322 E. 14th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>ANTONE</u> Middle <u>BECKER</u> Last <u>BECKER</u>				4. DATE OF DEATH Month <u>March</u> Day <u>5</u> Year <u>1959</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 14 1886</u>		9. AGE (In years last birthday) <u>72</u>	10. FUNDER 1 YEAR Months <u>72</u> Days <u>72</u> Hours <u>72</u> Min. <u>72</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Auto</u>		11. BIRTHPLACE (City and state or country) <u>Crocker Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
13a. FATHER'S NAME <u>Alois Becker</u>			13b. MOTHER'S MAIDEN NAME <u>Justina Ritz</u>			14. NAME OF HUSBAND OR WIFE <u>_____</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>881-28-1934</u>		17. INFORMANT <u>Miss Rosa Becker</u> Address <u>1322 E-14th Sedalia</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>Coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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>_____</u>						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT <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.) <u>_____</u>		20f. CITY, TOWN, OR LOCATION <u>Sedalia</u>		COUNTY <u>Pettis</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Feb 17 59</u> to <u>March 5 59</u> and last saw her alive on <u>March 5-59</u> Death occurred at <u>Lia A</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Chas Gordon Fleischer M.D.</u> (Degree or title)				22b. ADDRESS <u>Sedalia Missouri</u>				22c. DATE SIGNED <u>3-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-6-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dixon cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dixon Mo</u>			
24. FUNERAL DIRECTOR <u>Wm Laughlin Bros Sedalia</u>			25. DATE RECD. BY LOCAL REG. <u>March 5 1959</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms with no relation to the disease in Part I must be causally related.

MAR 11 1959

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. P. M. Loary* .....

Licensed Embalmer No. 3153  
P. O. Address Sedalia 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.