RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-032832

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 71

DED

1. PLACE OF DEATH
a. COUNTY JEFF.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLATTIN — Length of stay in 1b: 3 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ROSE HILL REST HOME — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JEFF.
c. CITY OR TOWN FESTUS — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS R#1 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First THOMAS Middle LEE Last BECKER

4. DATE OF DEATH: Month 10-1-59 Day Year

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-23-95
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GENERAL FARMING
11. BIRTHPLACE (City and state or country): FESTUS, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CHAS. R. BECKER
13b. MOTHER'S MAIDEN NAME: MARY F. CROWLEY
14. NAME OF HUSBAND OR WIFE: LULU

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOSEPH BECKER Address: R#1 FESTUS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gastrointestinal malignancy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Extensive metastases incl. oesophagus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 COUNTY STATE

21. I attended the deceased from Apr 3, 59, to Oct 1, 59 and last saw her/him alive on Oct 1, 59
Death occurred at 1:30p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature], MD
22b. ADDRESS: Festus, Mo
22c. DATE SIGNED: 10/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-3-59
23c. NAME OF CEMETERY OR CREMATORY: GAMEL
23d. LOCATION (City, town, or county) (State): FESTUS, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: GENTRY R. POLITTE CRYSTAL CITY, MO.
25. DATE RECD. BY LOCAL REG.: Oct 7-1959
26. REGISTRAR'S SIGNATURE: Marie Farris

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.