# OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

**59–039569**
STATE FILE NUMBER

FILED VS DEC 15 1959

MENDED

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Clair Mo
Length of stay in 1b: —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: at home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: St Clair Mo
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): 520 E. Springfield Rd
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Mary Middle: Last: Becker
4. DATE OF DEATH: Month 12 Day 6 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Mar 26 1864
9. AGE (last birthday): 95
IF UNDER 1 YEAR: Months 8 Days 10
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: General House work
11. BIRTHPLACE (City and state or country): St Louis Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Phillip Becker
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Peter Becker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Fred Becker Address: St. Clair Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of Lt. Breast — 9 months
DUE TO (c): Infirmities
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 Oct 20, 1958, to Dec 6, 1959 and last saw her alive on Nov 28, 1959
Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph W. Williams D.O.
22b. ADDRESS: St. Clair Mo
22c. DATE SIGNED: 12-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 9 1959
23c. NAME OF CEMETERY OR CREMATORY: St Clare Catholic Cem
23d. LOCATION (City, town, or county) (State): St Clair Mo.
24. FUNERAL DIRECTOR: Shermon W. Kitchell
ADDRESS: St Clair Mo.
25. DATE RECD. BY LOCAL REG.: 12-9-59
26. REGISTRAR'S SIGNATURE: Charles Smith

(Licensed Embalmer's Statement on Reverse Side)

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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sherwood W. Kitchell

Signature of Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St Clair,

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