

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE

**FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE**

FILED VS DEC 16 1959

'59 0 4 3 6 9 3

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 104

STATE FILE NUMBER

MAILED

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clinton</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cameron</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>Cameron</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Comm. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>101 So. Cherry</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>HUGH FRANKLIN BECKER</u>				4. DATE OF DEATH Month Day Year <u>Dec. 4, 1959</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>Cauc.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 27, 1890</u>		9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Finance Representative</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Loan</u>				11. BIRTHPLACE (City and state or country) <u>LaGrange, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John A. Becker</u>				13b. MOTHER'S MAIDEN NAME <u>Ann Quinn</u>				14. NAME OF HUSBAND OR WIFE <u>Virginia Becker</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes Ww. I</u>				16. SOCIAL SECURITY NO. <u>494-05-4628</u>		17. INFORMANT Address <u>Virginia Becker Cameron, 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>Cerebral Vasculature Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>										<u>10 days</u>			
DUE TO (c) <u>Generalized atherosclerosis</u>										<u>15 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Heart Disease - Unlabeled</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			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 <u>Dec 1, 1959</u> to <u>Dec 4, 1959</u> and last saw ^{her} <u>alive</u> on <u>Dec 4, 1959</u> Death occurred at <u>4:55 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deponent's name) <u>F. A. Conroyton</u>						22b. ADDRESS <u>D.O. Cameron, Mo.</u>				22c. DATE SIGNED <u>12-7-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-7-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>				23d. LOCATION (City, town, or county) (State) <u>Cameron, Mo.</u>					
24. FUNERAL DIRECTOR <u>Poland Funeral Home, Cameron, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-7-59</u>		26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 1 1959

MAR 16 1960

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 F. Albert F. Pollock

Licensed Embalmer No. 4777
222 West
P. O. Address Pomona

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.