

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 4 5 0 4 1

FILED VS DEC 17 1959 290

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Pulaski Co		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tavern Township		c. CITY OR TOWN Richland, Mo Rt. # 1	
Length of stay in lb life.		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		d. STREET ADDRESS (If outside, give location) Rural Rt. # 1.	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last William --- Becker.		4. DATE OF DEATH Month Day Year November 30, 1959	
5. SEX Male	6. COLOR OR RACE White.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/8/1884
9. AGE (last birthday) 75		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Crocker, Mo. Rural		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Becker.		13b. MOTHER'S MAIDEN NAME Justina. Unknown.	
14. NAME OF HUSBAND OR WIFE Bertha Jane Becker.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None.	
17. INFORMANT Mr. Edward A. Becker Richland, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>embolus</i> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 11-22-59 to 11-30-59 and last saw him alive on 11-30-59 Death occurred at 7:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. J. Myers</i> (Degree or title) D.O.		22b. ADDRESS Richland, Missouri.	
22c. DATE SIGNED 12/2/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/3/59	23c. NAME OF CEMETERY OR CREMATORY Madden Cemetery	23d. LOCATION (City, town, or county) (State) Iberia, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home Crocker, Mo.		25. DATE RECD. BY LOCAL REG. 12-3-59	
26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence Moss

Licensed Embalmer No. 4894

P. O. Address Waynesville

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.