URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-010790

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1722

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 6 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GROSSE NURSING HOME — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3918 CHARLOTTE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: ALICE ELIZABETH BECKER
4. DATE OF DEATH Month Day Year: MARCH 24, 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: AUG 6, 1884
9. AGE (last birthday): 75 yrs.
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): AT HOME HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WARREN CO. MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: UNKNOWN HORGES
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: FRED BECKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 496 38 0284
17. INFORMANT: EMMA KENT Address: 1110 E. ARMOUR KCMO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Shro.
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): Chronic Bronchitis
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 11-5-59 to 3-24-60 and last saw her/him alive on 3-24-60
Death occurred at 10:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin J. Mueller M.D.
22b. ADDRESS: 535 Argyle Bldg KC Mo
22c. DATE SIGNED: 3-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MARCH 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: WRIGHT CITY CEM
23d. LOCATION (City, town, or county) (State): WRIGHT CITY MO.
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS KC. MO.
25. DATE RECD. BY LOCAL REG.: 3-24-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Martin J. Mueller MEDICAL CERTIFICATION DOCUMENT

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 Albert L Sovag

Signature of Student Embalmer

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.