

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013901

FILED VS APR 5 1960

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 25

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Taney</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Forsyth</u> Length of stay in 1b years <u>years</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Taney</u> c. CITY OR TOWN <u>Forsyth</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>rural</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNEST CHRISTIAN BECKER</u>			4. DATE OF DEATH Month Day Year <u>March 29, 1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</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>4-21-79</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrial Eng.</u>		11. BIRTHPLACE (City and state or country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Henry Becker</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hoffman</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 war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Virginia Becker Forsyth, Mo</u>		17. INFORMANT 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) <u>Pyelonephritis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertrophy of Prostate</u> DUE TO (c) <u>chronic Hypostatic Congestion Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>1 yr</u> <u>1 da</u>
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. <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 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 3-1-60 to 3-29-60 and last saw ^{her} him alive on 3-29-60
 Death occurred at 4 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Hartley F Mars MD</u>		22b. ADDRESS <u>Forsyth, Missouri</u>		22c. DATE SIGNED <u>3-31-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>4-1-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
23d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Whelchel Chapel Branson, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-2-60</u>	
		26. REGISTRAR'S SIGNATURE <u>Helen Campbell</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1961

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 _____
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 473

P. O. Address Branson

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.