

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036677

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

137

Primary Registration District No.

Registrar's No.

237

STATE FILE NUMBER

AMENDED

FILED OCT 16 1961

## 1. PLACE OF DEATH

a. COUNTY

Henry

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN

Windsor, Mo.

c. CITY OR TOWN

Windsor

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Resthaven

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

206 E. Jackson

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Stella

Middle

FRANCIS

Last

Becker

4. DATE OF DEATH

Month

Day

Year

October 8, 1961

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-22-'96

## 9. AGE (last birthday)

65

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

8

17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (City and state or country)

Rhineland, Mo.

12. CITIZEN OF WHAT COUNTRY

America

## 13a. FATHER'S NAME

William Quick

## 13b. MOTHER'S MAIDEN NAME

Mary Peterson

## 14. NAME OF HUSBAND OR WIFE

A. T. 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.

494-38-1265B

## 17. INFORMANT

Address

Mr. A. T. Becker, 1000 W. McCarty, J. C., Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Circulatory collapse

## INTERVAL BETWEEN ONSET AND DEATH

2 days

## DUE TO (b)

Influenza

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bedfast for one year

## 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 9-2-61 to 10-8-61 and last saw her alive on 10-8-61  
Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

103 W. Colt Windsor, Mo.

## 22c. DATE SIGNED

10-9

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 11, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

## 23d. LOCATION (City, town, or county)

Jefferson City, Mo.

(State)

## 24. (FUNERAL DIRECTOR)

ADDRESS

Victor Buescher

## 25. DATE RECD. BY LOCAL REG.

Oct. 14, 1961

## 26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

1961 OCT 10 SA

JAN 7 1963

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

*Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *gemo*

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.