

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038125

STATE FILE NUMBER

AMENDED

Registration District No. 301

Primary Registration District No.

Registrar's No. 69

FILED OCT 27 1961

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>THOMAS TWP.</b>		Length of stay in 1b <b>10 years</b>		c. CITY OR TOWN <b>RURAL RT. #1</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 mi. W. Naylor, Mo.</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Naylor,</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIE MAE BECKER</b>				4. DATE OF DEATH Month Day Year <b>October 17, 1961</b>						
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11/10/04</b>		9. AGE (last birthday) <b>56</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Jasper, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		IF UNDER 1 YEAR Months Days Hours Min.		
13a. FATHER'S NAME <b>James Reynolds</b>			13b. MOTHER'S MAIDEN NAME <b>Myrtle Stacy</b>			14. NAME OF HUSBAND OR WIFE <b>Frank C. Becker</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Frank C. Becker Naylor, Missouri</b>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Right Breast &amp; Metastases</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		
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)								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 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 <b>Feb. 27, 1960</b> to <b>Oct. 17, 1961</b> and last saw her alive on <b>Oct. 11, 1961</b> Death occurred at <b>5:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <b>J. L. Smith</b>				(Degree or title) <b>DO.</b>		22b. ADDRESS <b>Box 68, Naylor, Mo.</b>		22c. DATE SIGNED <b>10-21-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/19/1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Gum Cemetery</b>		23d. LOCATION (City, town, or county) <b>Naylor, Missouri</b>		(State)		
24. FUNERAL DIRECTOR <b>Edwards-Parrent F. H. Naylor, Mo.</b>				ADDRESS <b>10-25-61</b>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>Flava. Brong</b>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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

*Gene Harrent*

Licensed Embalmer No. 4809

P. O. Address Naylor, N

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.