MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-000531
STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 40

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 406 N.W. 5th, S.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Anna Middle Frances Last Becker
4. DATE OF DEATH: Month Jan Day 24 Year 1962
5. SEX: F
6. COLOR OR RACE: Cau.
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/15/1891
9. AGE (last birthday): 70
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Slater, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Holtman
13b. MOTHER'S MAIDEN NAME: Minnie Meyer
14. NAME OF HUSBAND OR WIFE: Edward H. 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.: None
17. INFORMANT: Edward H. Becker Address: Fulton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure + uremia
DUE TO (b) Arteriosclerotic heart disease, auricular fibrillation
DUE TO (c) chronic renal disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 48 hr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
① Diabetes mellitus ② Chronic liver disease
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 14 July 61, to 24 Jan 62 and last saw her alive on 24/Jan/62
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE George W. Graef (Degree or title) MD.
22b. ADDRESS Fulton, Mo
22c. DATE SIGNED 1/29/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/26/1962
23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gards.
23d. LOCATION (City, town, or county) Fulton (State) Mo.
24. FUNERAL DIRECTOR Glen Maupin ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 29 - 1962
26. REGISTRAR'S SIGNATURE Marietta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 1

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, MO

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.