

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004817

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 15

FILED JAN 19 1962

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| 1. PLACE OF DEATH -a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived, & institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Riverswood</u> | Length of stay in lb <u>8 days</u> | c. CITY OR TOWN <u>Labadie</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>R.R.</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>G.</u> Last <u>Becker</u> | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>2</u> Year <u>1962</u> | | |
| 5. SEX <u>Female</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>10/25/1931</u> | 9. AGE (last birthday) <u>30</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Crow Home</u> | 11. BIRTHPLACE (City and state or country) <u>New Haven Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Iwen W. Meyer</u> | 13b. MOTHER'S MAIDEN NAME <u>Mae Rook</u> | 14. NAME OF HUSBAND OR WIFE <u>Donald F. Becker</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT <u>Donald F. Becker</u> | Address <u>Labadie, Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Carcinomatous of abdomen general.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | <u>Carcinoma of colon with metastases</u> |
| | DUE TO (c) | |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ |
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| 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 _____ |
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21. I attended the deceased from October 1960 to death and last saw her alive on January 1, 1962
Death occurred at 2:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Joseph C. Ingman, M.D.</u> (Degree or title) | 22b. ADDRESS <u>3284 Ivanhoe St. Louis</u> | 22c. DATE SIGNED <u>1/3/62</u> |
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| 23. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>Jan 5, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Reburg & Witt, Inc. Washington, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>1-3-62</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1 2001 4 1 351 2 54 7

JAN 25 1962

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 Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, Md.

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.