MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005054
STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 4474 Registrar's No. 1

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY SALINE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SWEET SPRINGS — Length of stay in 1b: 27 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORSYTHE REST HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LAFAYETTE
c. CITY OR TOWN CONCORDIA — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 806 GORDON ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: CAROLINE Middle: Last: BECKER
4. DATE OF DEATH Month: JAN Day: 4 Year: 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 19, 1868
9. AGE (last birthday): 93
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): RETIRED HOMEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and state or country): CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: HERMAN ALEWEL
13b. MOTHER'S MAIDEN NAME: ANNA SCHOLP
14. NAME OF HUSBAND OR WIFE: HENRY BECKER DECEASED
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.: NO
17. INFORMANT: MRS. HENRY MILLER Address: CONCORDIA, 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) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Sepsis
DUE TO (c) Pneumonitis
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile
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 1960, to 1961 and last saw her/him alive on 1-4-62
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles A. Morley (Degree or title) M.D.
22b. ADDRESS Sweet Springs Mo
22c. DATE SIGNED 1-5-62

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-6-62
23c. NAME OF CEMETERY OR CREMATORY St. Paul's
23d. LOCATION (City, town, or county) Concordia (State) Mo
24. FUNERAL DIRECTOR E. S. James ADDRESS Concordia Mo
25. DATE RECD. BY LOCAL REG. Jan. 6, 1962
26. REGISTRAR'S SIGNATURE Mary Moseley
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

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 Me, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.