

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035632

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3022 Registrar's No. 364
FILED OCT 11 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in 1b 1 1/2 Years		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If outside, give location) 2506 Wing Avenue	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last HENRY J. BECKER			4. DATE OF DEATH October 9 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-1-1877
9. AGE (last birthday) 85		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) Artist - Army Colonel		10b. KIND OF BUSINESS OR INDUSTRY Commercial Electrician	11. BIRTHPLACE (City and state or country) Utica, N. Y.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry Becker	
13b. MOTHER'S MAIDEN NAME Lena Blietch		14. NAME OF HUSBAND OR WIFE Bertha 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. not given	
17. INFORMANT Mrs. J. W. Donnell Sedalia, Missouri		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 Standstill		INTERVAL BETWEEN ONSET AND DEATH Sudden	
DUE TO (b) Cardiomegaly and Arteriosclerosis		2 years.	
DUE TO (c) Surgical shock		14 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) right inguinal hernia with descending colon + urinary bladder in sac.		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 checked="" 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 17 June 1961 to 9 October 1962 and last saw him alive on 8 October 1962 . Death occurred at 2:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Stanley D. Fisher M.D.		22b. ADDRESS 500 West 16th Sedalia, Missouri	
22c. DATE SIGNED 10 October 1962		23. LOCATION (City, town, or county) (State) Sheboygan, Wisconsin	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-10-1962	
23c. NAME OF CEMETERY OR CREMATORY Gillespie Funeral Home		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR D.W. Heckart		25. DATE RECD. BY LOCAL REG. Oct. 9, 1962	
26. REGISTRAR'S SIGNATURE Francis Shelby per H. Anderson		27. ADDRESS	

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

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 John R. Turner Jr.
Licensed Embalmer No. 5193

P. O. Address Subalia 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.

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