

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-045186

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 35 Primary Registration District No. 3011 Registrar's No. 158

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 4 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>CARROLL</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CHARITON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON</u> | | c. CITY OR TOWN <u>BRUNSWICK</u> | |
| Length of stay in 1b <u>1WK</u> | | d. STREET ADDRESS (If outside, give location) | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LANCASTER REST.H.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MINNIE SOPHIA BECKER</u> | | 4. DATE OF DEATH Month Day Year <u>12-22-1962</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9-17-85</u> |
| 9. AGE (last birthday) <u>85</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK CHARITON COUNTY MO U.S.A.</u> | |
| 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME <u>JOHN H GROTJAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY BUCKSATH</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MILTON BECKER</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Mrs J. H. Grotjan, Dalton Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Cancer</u> DUE TO (b) <u>Metastases Back Ape</u> DUE TO (c) <u>Metastases</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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) | | 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 checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Sept 2 1961</u> to <u>Dec 21 1962</u> and last saw her alive on <u>Dec 21 1962</u> Death occurred at <u>Lancaster Rest Home</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE <u>J. L. Fetter D.D.</u> (Degree or title) | |
| 22b. ADDRESS <u>Brunswick Mo</u> | | 22c. DATE SIGNED <u>12/24/62</u> (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>12-24-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>DALTON CEME</u> | 23d. LOCATION (City, town, or county) <u>DALTON MO</u> |
| 24. FUNERAL DIRECTOR <u>L.E. McCURRY BRUNSWICK MO</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>12-26-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ann C. Daws Will more</u> |

JAN 18 1963

JAN 9 1963

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 L. E. McCree

Licensed Embalmer No. 4806

P. O. Address Brunswick 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.