

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7970

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5217		Registrar's No. 49		
1. PLACE OF DEATH a. COUNTY CASS HOME				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CASS				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Austin		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Austin Missouri 0190				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle Initial) Becker c. (Last) Becker			4. DATE OF DEATH (Month) (Day) (Year) 4 2 50					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 23 1878		9. AGE (In years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manger		10b. KIND OF BUSINESS OR INDUSTRY Telephone		11. BIRTHPLACE (State or foreign country) Shaffertown Penn. /		12. CITIZEN OF WHAT COUNTRY? American		
13a. FATHER'S NAME Allison Becker		13b. MOTHER'S MAIDEN NAME Knoll		14. NAME OF HUSBAND OR WIFE Anna Becker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 4911324919		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Anna Becker, Austin, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>some Hypertension - many yrs.</u> DUE TO (c) <u>(Supplementary report)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR				
22. I hereby certify that I attended the deceased from <u>April 2</u> , 19 <u>50</u> , to <u>April 2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-2</u> , 19 <u>50</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. E. Robinson M.D.</u> (Degree or title)				23b. ADDRESS <u>Adrian Mo</u>		23c. DATE SIGNED <u>4-3-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Austin cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Austin, Cass Missouri</u>		
DATE REC'D BY LOCAL REG. <u>April 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>			25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Creath &amp; Set Adrian, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

APR 17 1937

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 \_\_\_\_\_

*Frank's Crematory Co. Inc.*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *Frank P. Greath*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3343-3*

P. O. Address *Adrian, Mich*

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 this body is not embalmed, fact should be so stated above.