

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16421**
Registrar's No. **2280**

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2280				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (If this place) 59 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 716 West 38st.						
3. NAME OF DECEASED (Type or Print) a. (First) Frances			b. (Middle) M.		c. (Last) Becker		4. DATE OF DEATH (Month) (Day) (Year) 5 26 1951			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11-16-1865		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months 8 Days 10 IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Fayetteville Ind.			12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13a. FATHER'S NAME Zachariah Davis			13b. MOTHER'S MAIDEN NAME Zenith Summers			14. NAME OF HUSBAND OR WIFE Henry H. Becker				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Miss Pearl Becker					ADDRESS 716 W. 38, K. C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Empyema left chest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of mouth with metastases to left lung. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 144 h		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21h. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7:45 P. M. to 10 P. M., 19 51 , that I last saw the deceased alive on 5-28-51 , and that death occurred at 7:45 P. M., from the causes and on the date stated above.										
23a. SIGNATURE F.C. Coleman (Degree or title) F. C. Coleman M.D. Pathologist				23b. ADDRESS 4922 Bell St. K.C. Mo.				23c. DATE SIGNED 5-27-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-29-51		24c. NAME OF CEMETERY OR CREMATORY Floral Hills			24d. LOCATION (City, town, or county) (State) Kansas City Mo.			
DATE REC'D BY LOCAL REG. 5-28-51		REGISTRAR'S SIGNATURE Heraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner ADDRESS K C Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Alvin R. Harnscheidt

Licensed Embalmer No. 4159

P. O. Address Kansas City 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 this body is not embalmed, fact should be so stated above.