

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22940

State File No.

2832

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>60 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4017 STATE LINE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4017 STATE LINE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>	b. (Middle) <u>W.</u>	c. (Last) <u>BECKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-2-1951</u>
--	-----------------------	-------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT-29-1868</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 11 HRS. Days <u>1</u>	Hours <u>0</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>SALISBURY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Peter Merrill</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Works</u>	14. NAME OF HUSBAND OR WIFE <u>Chris A. 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</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. MARION B. MARRS</u>	ADDRESS <u>4017 STATE LINE KANSAS CITY, MO</u>
---	--	--	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterior-arterio-vascular heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>20 yrs.</u> <u>4 200</u>
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (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 10-1, 1945, to 7-2-51, 1951, that I last saw the deceased alive on 7-2-51, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Owens</u>	(Degree or title)	23b. ADDRESS <u>906 Grand KC. Mo.</u>	23c. DATE SIGNED <u>7-2-51</u>
---------------------------------------	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
--	----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-5-51</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
---	---	--	---

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Ray L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *AG. W.*

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.