

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25435

State File No.

FILED JUL 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5395</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ROCK TOWNSHIP</u>		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-ROCK TOWNSHIP 0580</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME-NEAR ARNOLD Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR ARNOLD Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORENZ</u> b. (Middle) <u>BECKER</u> c. (Last) <u>BECKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 5. 1953.</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>SEPT 2. 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MAXVILLE Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ADAM BECKER</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA KESSLER</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BECKER BROS. ARNOLD</u>		ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Arnold Jefferson Mo.</u>			
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? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>1951</u> to <u>7/5</u> , 19 <u>53</u> that I last saw the deceased alive on <u>7/2</u> , 19 <u>53</u> and that death occurred at <u>4:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Imperial, Mo</u>		23c. DATE SIGNED <u>7/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 8-1963</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IMMACULATE CONCEPTION</u>		24d. LOCATION (City, town, or county) (State) <u>ARNOLD Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 11 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>HEILIGTAG FUNERAL HOME IMPERIAL Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 16 1953

JUL 24 1953

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 _____

Licensed Embalmer No. 3872

P. O. Address Imperial 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.