

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33365

No. 300
10.48

FILED NOV 1 - 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>290</u>			
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clark Township</u> <u>0260</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Smiles south 54highway</u> <u>1</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Lydia</u>	b. (Middle) <u>Jeorling</u>	c. (Last) <u>Becker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25 1954</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1877</u>			
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>11</u>		11. YEAR <u>7</u>		IF UNDER 14 HRS. Hours Min.			
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>OWN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marthasville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Fredrick Jeorling</u>			13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Hackman</u>			14. NAME OF HUSBAND OR WIFE <u>Henry 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Becker</u>			ADDRESS <u>Jefferson 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid 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.							
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>2041</u>					
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"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Oct 19, 1954</u> , to <u>Oct 25, 1954</u> , that I last saw the deceased alive on <u>Oct 25, 1954</u> , and that death occurred at <u>7:45 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Thomas M. Med</u>				23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>Oct 25, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frieden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hartsburg Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 26 1954</u>		REGISTRAR'S SIGNATURE <u>R. P. Dennis</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Victor Kusch</u>		ADDRESS <u>Jefferson City, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 1 19

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 Victor Puscher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.