

FILED MAR 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 88113

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Marion 0648</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal 0</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Hannibal</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>905 a Reservoir</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henrietta Becker</b>			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>March 19, 1955</b>		
5. SEX <b>Female /</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>September 7, 1873</b>		9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <b>81 6 2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy Illinois /</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>James S. Dumbauld</b>			13b. MOTHER'S MAIDEN NAME <b>Amanda Kenoyer</b>			14. NAME OF HUSBAND OR WIFE <b>Albert Francis Becker (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Robert Briscoe Hannibal Missouri</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis Vascular Brain 2 months</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Amyotrophic lateral sclerosis chronic 2 months</b>				INTERVAL BETWEEN ONSET AND DEATH <b>50 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>						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)					
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 <b>Feb 1, 1955</b> , to <b>March 9, 1955</b> , that I last saw the deceased alive on <b>March 9, 1955</b> ; and that death occurred at <b>3:15P m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Robert Lanning M.D.</b>				23b. ADDRESS <b>Hannibal Mo</b>				23c. DATE SIGNED <b>3/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/11/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>			
DATE REC'D BY LOCAL REG. <b>3-16-55</b>		REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke By W.C. Fisher</b>			FURNERAL DIRECTOR'S SIGNATURE <b>W.C. Fisher</b>		ADDRESS <b>Hannibal Missouri</b>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 22 1955  
MARION CO. HEALTH DEPT.  
DATE FILED MAR 22 1955

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John S. Span*.....  
Licensed Embalmer No.....

P. O. Address Hannibal..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.