

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12908  
STATE FILE NUMBER

FILED MAY 7 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) h STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>Springfield</b> <sup>0376</sup> <sub>0479</sub>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1111 Mt. Vernon</b>		d. STREET ADDRESS <b>1111 Mt. Vernon</b>	
Length of stay in lb <b>2 days</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>JANE</b> Last <b>BECKER</b>			DATE OF DEATH Month <b>APRIL</b> Day <b>29</b> Year <b>1956</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 22, 1870</b>	9. AGE (In years last birthday) <b>86</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 country) <b>BRUMLEY, MISSOURI</b>		
13. FATHER'S NAME <b>G. W. STEEN</b>			14. MOTHER'S MAIDEN NAME <b>MATILDA JANE STEEN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MRS EULA HAYNES, SPRINGFIELD, MO.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sanity</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Fracture of the Pelvis</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>L</b>

21. I attended the deceased from <b>March 26-56</b> to <b>April 29-56</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>April 29-56</b> Death occurred at <b>5:05pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated:		
22a. SIGNATURE (Degree or title) <b>John Williams Jr. M.D.</b>	22b. ADDRESS <b>Springfield</b>	22c. DATE SIGNED <b>5-3-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>4/29/56</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Bldon, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>HERMAN H. LOHMEYER, SPRINGFIELD</b>	25. DATE RECD. BY LOCAL REG. <b>5-4-56</b>	26. REGISTRAR'S SIGNATURE <b>Edith Williams</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 9 1954

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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 *Lucien T. Swally*.....  
Licensed Embalmer No. 4.....  
P. O. Address *Sp...*.....

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.