

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21180**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **208**

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</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. CITY OR TOWN <b>Hannibal</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>816 So. Arch St.,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Simon</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Becker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-15-56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>1/12/1885</b>	9. AGE (To years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>1</b>	IF UNDER 48 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cabinet Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Alsace-Lorane, France</b>	12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Becker</b>	13b. MOTHER'S MAIDEN NAME <b>Marie Marion</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Becker, Hannibal, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatous</b>		<b>2 yrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Stomach</b>		<b>2 yrs</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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1st to 6-15-56**, 19**56**, that I last saw the deceased alive on **6-15**, 19**56**, and that death occurred at **4:30 P m.**, from the cause and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>[Address]</b>	23c. DATE SIGNED <b>6-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/26/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-19-56</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm O'Donnell</b>	ADDRESS <b>Hannibal, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

189.

RECEIVED JUN 21 1956  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 21 1956

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.....  
Signature of Student Embalmer

Signed..... *A. M. O'Donnell*

Licensed Embalmer No.....3889

P. O. Address...Hannibal, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.