

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040723

STATE FILE NUMBER

83627-84  
FILED DEC 15 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 395

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, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Palmyra</b> <b>0640</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			Length of stay in lb <b>1 day</b>			d. STREET ADDRESS (If outside, give location) <b>Robinson Ave.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>27</b> Year <b>1958</b>					
3. NAME OF DECEASED (Type or print) First <b>Beverly</b> Middle <b>Becker</b> Last <b>Becker</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>27 Nov. 1958</b>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>0</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>8</b> Min. <b>30</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hannibal, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Harold E. Becker</b>			
14. MOTHER'S MAIDEN NAME <b>Jo Anne Sutton</b>				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. <b>none</b>				17. INFORMANT <b>Harold E. Becker, Palmyra, 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>Toxicity</b> <b>7562</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Volvulus &amp; Gangrenous small intestine</b> DUE TO (c) <b>Placental atresia &amp; tearing of placenta</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Surgical intervention to relieve obstruction - reaction / gangrenous placenta</b>							
INTERVAL BETWEEN ONSET AND DEATH <b>Since birth 8 1/2 yrs</b> <b>Since birth</b> <b>Since birth</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 <b>4:30</b> Month <b>11</b> Day <b>27</b> Year <b>1958</b> a. m. <b>p.</b>			
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 <b>Palmyra, Missouri</b>				20g. COUNTY <b>Marion</b> STATE <b>Missouri</b>			
21. I attended the deceased from <b>7:58 AM 11-27-58</b> , to <b>4:30 PM 11-27-58</b> and last saw her <sup>her</sup> <sub>alive</sub> on <b>11-27-58</b> Death occurred at <b>4:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Howard R. Burns, M.D., C</b>				22b. ADDRESS <b>Hannibal, Missouri</b>			
22c. DATE SIGNED <b>12-2-58</b>				23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			
23b. DATE <b>29 Nov. 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>			
24. FUNERAL DIRECTOR <b>Lewis Brothers'</b> ADDRESS <b>Palmyra, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-3-58</b>		26. REGISTRAR'S SIGNATURE <b>Dr. Em. Lucke By W. Fisher</b>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**RECEIVED** DEC 9 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** DEC 9 1958

**STATEMENT BY LICENSED EMBALMER**

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

Student.....  
Signature of Student Embalmer

**THIS BODY NOT EMBALMED**  
Signed..... *Long M Lewis* .....

Licensed Embalmer No. 4851

P. O. Address Palmyra,

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.