

Health,  
Welfare  
Public  
Service

8 Dr. ~~TURKEY~~ Purcell

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009016

STATE FILE NUMBER

MAR 23 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 296

300  
1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN MT. VERNON	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. JOHN'S HOSP. INSTITUTION		d. STREET ADDRESS BLISS HAVEN REST HOME	
Length of stay in 1b 1 DAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE LAST WALTER STEEN BECKER			4. DATE OF DEATH Month Day Year MARCH 18 1959		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 23 1901	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------	------------------------	---	-------------------------------	------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during 1 year immediately preceding death) RETIRED MAINTENANCE MAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) SPRING GARDEN, MO.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	-------------------------------------

13a. FATHER'S NAME EMIL A. BECKER	13b. MOTHER'S MAIDEN NAME MARTHA STEEN	14. NAME OF HUSBAND OR WIFE X
--------------------------------------	---	----------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ?	17. INFORMANT MABEL DUCKETT Address SPRINGFIELD, MO.
--	------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Possible accidental poisoning -</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>a 58 yr old ex-alcoholic was one of 8 persons in a rest home who abruptly became ill with dyspnea, coma, and severe acidosis.</u> DUE TO (c) <u>acidosis.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
---	--	--	---

21. I attended the deceased from <u>3-16-59</u> to <u>3-18-59</u> and last saw him alive on <u>3-17-59</u> Death occurred at <u>12:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Elmer Purcell</u> (Degree or title)	22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.	22c. DATE SIGNED 3-18-59
--	--	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DAT 3/20/59	23c. NAME OF CEMETERY OR CREMATORY ELDON CEMETERY	23d. LOCATION (City, town, or county) (State) ELDON, MISSOURI
---	---------------------	--	--

24. FUNERAL DIRECTOR H.H. LOHMEYER	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 3-20-59	26. REGISTRAR'S SIGNATURE <u>Effie E. Nelson</u>
---------------------------------------	-----------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

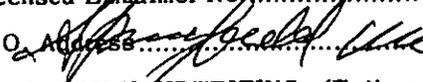
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 2729 .....

P. O. Address  .....

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.