

BIRTH NO. 47992-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jipton, Mo	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S Hospital			

3. NAME OF DECEASED (Type or Print) MARK. DUANE. BESTGEN			4. DATE OF DEATH 9-3-1950		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX U	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE U	8. DATE OF BIRTH 8-31-1950	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) JEFFERSON CITY-MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	---	--	---

13a. FATHER'S NAME EUGENE-BESTGEN	13b. MOTHER'S MAIDEN NAME PATRICIA-BRANT	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Eugene Bestgen - Jipton Mo	ADDRESS Jipton Mo
---	-------------------------------------	---	--------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			776 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **Aug 21, 1950**, to **Sept 3, 1950**, that I last saw the deceased alive on **Sept 3, 1950**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE James B. Richard (Degree or title) M.D.	23b. ADDRESS 507 E. H. St.	23c. DATE SIGNED 9/4/50
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-5-50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	24d. LOCATION (City, town, or county) (State) Jipton Mo
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. Sept 4-1950	REGISTRAR'S SIGNATURE R.P. Harrison - R.R. 481	25. FUNERAL DIRECTOR'S SIGNATURE James B. Richard	ADDRESS Jipton Mo
---	---	--	--------------------------

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

26. 0

RECEIVED 9/9/58

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

9/9/58

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *James E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *11510 7th*

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 this body is not embalmed, fact should be so stated above.