

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1820  
11

644

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

1. PLACE OF DEATH at home  
a. COUNTY Marion  
b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION Number 5 Hoggs Row

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Marion  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644  
d. STREET ADDRESS (If rural, give location) 5 Hoggs Row

3. NAME OF DECEASED  
a. (First) Carl b. (Middle) E. c. (Last) Bedford Jr. d. DATE OF DEATH (Month) (Day) (Year) Jan 11, 1951

5. SEX M 6. COLOR OR RACE Colored 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 5-12-48 9. AGE (To years last birthday) 2 8 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Hannibal Mo 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Earl C. Bedford 13b. MOTHER'S MAIDEN NAME Marjorie McDonald 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Marjorie McDonald ADDRESS \_\_\_\_\_

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchopneumonia  
ANTECEDENT CAUSES  
Morbid 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. L

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) Hannibal Marion Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 1/11/51 to 1/11/51, that I last saw the deceased alive on 1/11/51, and that death occurred at 6 PM m., from the causes and on the date stated above.

23a. SIGNATURE H. M. Meeker (Degree or title) 23b. ADDRESS Hannibal Mo 23c. DATE SIGNED 1/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 14-51 24c. NAME OF CEMETERY OR CREMATORY River View Cemetery 24d. LOCATION (City, town, or county) (State) Marion Mo

DATE REC'D BY LOCAL REG. 1-13-51 REGISTRAR'S SIGNATURE J. C. Fisher 25. FUNERAL DIRECTOR'S SIGNATURE W. R. Sephus ADDRESS Hannibal Mo

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

RECEIVED JAN 13 1951  
VARION CO. HEALTH DEPT.  
DATE FILED JAN 20 1951

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 .....  
Student Embalmer

Signed W. R. Sephus \_\_\_\_\_

Licensed Embalmer No. 3420

P. O. Address 1631 Market St

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.