

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9117

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 13

0510

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>West 2nd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Isaac</u> c. (Last) <u>Bedsaul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>probably 3-6-1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Feb. 22, 1915</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months Days
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) <u>Odessa, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>George W. Bedsaul</u>	13b. MOTHER'S MAIDEN NAME <u>Bessie Lee Salver</u>	14. NAME OF HUSBAND OR WIFE <u>not married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>492-14-6443</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wayne Lycan, Holden, Mo.</u>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>19</u> <u>19</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in head</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <u>Inquest only</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE - WORK OR HOME (Specify) <u>probably??</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>NW Holden R.R. (land)</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Holden Johnson Mo</u>
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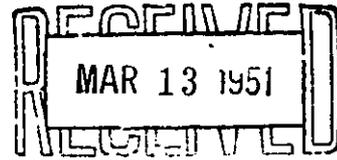
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/6/51 (probably) P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>22 long single shot rifle</u>
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22. I hereby certify that I attended the deceased from finding of body to 3/8/51, 1951, that I last saw the deceased alive on ?, 1951, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins</u>	(Degree or title) <u>M. D. Coroner Johnson Co - Holden Mo</u>	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>3/10/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-10-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-12-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. G.D. Bedford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.B. CAST HOLDEN, MO</u>	ADDRESS <u>Holden Mo</u>
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JOHNSON COUNTY HEALTH DEPT.

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.....

E. B. Cant

Licensed Embalmer No. *4059*

P. O. Address. *Hollis, Mo*

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.