No. 300
10.48

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42074

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 154

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (In this place): 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centerview 0510
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Franklin
c. (Last): Bedinger

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: July 28, 1878
9. AGE (In years last birthday): 73 — If under 1 year: Months 5, Days 26 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: Philip Bedinger
13b. MOTHER'S MAIDEN NAME: Nina Brothers
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs. Allie Wonderly, Higginsville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) gastric hemorrhage
DUE TO (c) gastric ulcer — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pancreatic fistula

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5401
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):
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* Dec 8, 1951, *to* 24 Dec, 1951, *that I last saw the deceased alive on* 24 Dec, 1951, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D Reed Marson M.D.
23b. ADDRESS: Warrensburg Mo
23c. DATE SIGNED: 26 Dec 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 27, 1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Johnson County, MO

DATE REC'D BY LOCAL REG.: Dec. 26, 1951
REGISTRAR'S SIGNATURE: Bernadine Gutchfield
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Sweeney-Phillips, Warrensburg, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 31 1991
JOHNSON COUNTY HEALTH D

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 J Earl Priest

Signed.....
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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