

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42540

State File No. \_\_\_\_\_  
REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 528

LED JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		Registrar's No. <u>528</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL</u>		c. LENGTH OF STAY (In this place) <u>6 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles N.E. of Hale</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9328 MORRELL TERR.</u>				d. STREET ADDRESS (If rural, give location) <u>6 miles N.E. of Hale</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eldridge</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Bedell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 28, 1866</u>		9. AGE (In years last birthday) <u>86</u>	if UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	if UNDER 100 Hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Alfred Bedell</u>		13b. MOTHER'S MAIDEN NAME <u>Seperta Bowden</u>		14. NAME OF HUSBAND OR WIFE <u>FANNIE Bedell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. FANNIE Bedell - Hale, Mo</u>				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Senescence</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>1 year</u> <u>1 year</u> <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation 4214</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>Feb 26, 1951</u> , to <u>Dec 31, 1952</u> , that I last saw the deceased alive on <u>Dec 30, 1952</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. H. Allen M.D.</u>				23b. ADDRESS <u>Independence, Mo. Dec 29</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAMERON CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Hale Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-2-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		3.54 GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>		

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10.48  
4811  
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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 Poland Speaks  
Licensed Embalmer No. 3604

P. O. Address Indep, 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.