

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32875

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8903

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 11yrs | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 6650 Oakland | | | |
| e. STREET ADDRESS (If rural, give location) 4 6650 Oakland 2049 | | | |

| | | | |
|---|-----------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) Edwin J Bedford | | 4. DATE OF DEATH 9 Sept. 11, 1953 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov. 11, 1892 |
| 9. AGE (In years) 60yrs | | 10. KIND OF BUSINESS OR INDUSTRY Bookkeeper & Teller Mercantile trust | 11. BIRTHPLACE (City and State or Foreign Country) Fayette, Mo |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | |
|------------------------------------|---|--|
| 13a. FATHER'S NAME Edwin Walton | 13b. MOTHER'S MAIDEN NAME Nora Payne | 14. NAME OF HUSBAND OR WIFE Johanna Bedford |
|------------------------------------|---|--|

| | | | |
|---|--|--|-------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I | 16. SOCIAL SECURITY yes 486-07-0383 | 17. INFORMANT'S SIGNATURE OR NAME Johanna Bedford | ADDRESS 6650 Oakland |
|---|--|--|-------------------------|

| | | | |
|---|---|--|----------------------------------|
| 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) <u>Coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary congestion</u> | | |
| | DUE TO (c) <u>X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u> | | | |

| | | |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

| | | |
|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u> <u>420.1</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m. | 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 1949, to 1953, that I last saw the deceased alive on 9-1, 1953, and that death occurred at 12 1/2 m., from the causes and on the date stated above.

| | | | |
|---|-------------------|---|------------------------------------|
| 23a. SIGNATURE <u>R. J. Payne M.D.</u> | (Degree or title) | 23b. ADDRESS <u>University South</u> | 23c. DATE SIGNED <u>9-14-53</u> |
|---|-------------------|---|------------------------------------|

| | | | |
|---|-----------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo.</u> |
|---|-----------|--|--|

| | | | |
|---|--|---|------------------------------|
| DATE REC'D BY LOCAL REG. SEP 14 1953 | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> | ADDRESS <u>175 Delmar</u> |
|---|--|---|------------------------------|

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

NOV 13 1958

OCT 15 1958

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.....
Signature of Student Embalmer

Signed *Jos. E. McCulloh*

Licensed Embalmer No. *246*

P. O. Address *6150 P. e.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.