

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39431

BIRTH NO.		REG. DIST. NO.	156	PRIMARY REG. DIST. NO.	2001	Registrar's No.	526	
1. PLACE OF DEATH a. COUNTY <i>Jasper</i>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <i>Missouri</i>				b. COUNTY <i>Jasper</i>
b. CITY (If outside corporate limits, write RURAL and give town or township) <i>Joplin</i>		c. LENGTH OF STAY (in this place) <i>50 yrs</i>		c. CITY OR TOWN <i>Joplin</i>		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 <i>1702 Glover</i>				e. STREET ADDRESS (If rural, give location) <i>1702 Glover 04950</i>				
3. NAME OF DECEASED (Type or Print)			a. (First) <i>LYMAN</i>	b. (Middle) <i>LINCOLN</i>	c. (Last) <i>BEDWELL</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 18, 1953</i>		
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Sept. 18, 1866</i>		
9. AGE (In years last birthday) <i>87</i>		IF UNDER 1 YEAR Months		IF UNDER 6 mos. Days		IF UNDER 12 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carpenter</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Duncan County Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Eliza Bedwell</i>			13b. MOTHER'S MAIDEN NAME <i>Margaret Herem</i>			14. NAME OF HUSBAND OR WIFE <i>Nettie May Bedwell</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Nettie May Bedwell, 1702 Glover, Joplin</i>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>lympho carcinoma - sites peritoneal wall metastasing</i>					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) <i>none</i> DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <i>3-28-53</i>		19b. MAJOR FINDINGS OF OPERATION <i>no</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>1-7</i> , 1953, to <i>9-22</i> , 1953, that I last saw the deceased alive on <i>9-22</i> , 1953, and that death occurred at <i>7:45 A</i> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Adland J. Smith M.D.</i>				23b. ADDRESS <i>218 Frisco - Joplin, Mo.</i>		23c. DATE SIGNED <i>11-20-53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-20-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Gark Memorial</i>		24d. LOCATION (City, town, or county) (State) <i>Joplin, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>11-24-53</i>		REGISTRAR'S SIGNATURE <i>Ed S. James</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Steve Park Mortuary, Joplin, Mo.</i>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 30 1953

Jasper County Health Office

County File Number 53-11-952

Date Filed NOV 30 1953

DEC 7 1953

DEC 4 1953

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 F. M. Jones

Licensed Embalmer No 2319

P. O. Address Joplin

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.