

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **406**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Callaway Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo.</u>		c. CITY OR TOWN <u>McKittrick, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>7 Days</u>		e. STREET ADDRESS (If rural, give location) <u>McKittrick, Bate T.S.P.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Littleberry,</u> b. (Middle) <u>Bedford,</u> c. (Last) <u>Bedford,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15th 1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct 3rd 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McKittrick, Mo. R.T.D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Webster Clay Bedford,</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ellis,</u>	14. NAME OF HUSBAND OR WIFE _____
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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 <u>Coleman Bedford,</u> ADDRESS <u>McKittrick, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		<u>10-15 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		<u>10-15 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic gangrene R. Foot</u>			<u>7 days</u>

19a. DATE OF OPERATION <u>1/12/1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerotic Dry Gangrene Right Foot 4/6 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 8, 1954, to Jan 15, 1954, that I last saw the deceased alive on Jan 15, 1954, and that death occurred at 2:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lloyd E. Hutchins, D.O.</u>	23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>1/15/1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near McKittrick, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan-18-1954</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u> ADDRESS <u>...</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *D B Baker*

Licensed Embalmer No 3375...

P. O. Address Americus, M.....

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.