

FILED JAN 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2201

State File No.

BIRTH NO. _____ REG. DIST. NO. 258 PRIMARY REG. DIST. NO. 5882 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Osage
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Osage

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Folk, Mo. c. LENGTH OF STAY (in this place) Life
c. CITY OR TOWN Folk, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Township e. STREET ADDRESS (If rural, give location) Jackson Township 6760

3. NAME OF DECEASED (Type or Print) a. (First) Henry Bexten b. (Middle) _____ c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May, 18, 1888 9. AGE (in years last birthday) 65 IF UNDER 1 YEAR Months 7 Days 21 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Westphalia, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bernard Bexten 13b. MOTHER'S MAIDEN NAME Anna Groner 14. NAME OF HUSBAND OR WIFE Regina Hilkemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War I 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Regina Bexten Folk, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension
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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 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 May, 1952 to 11/9/1954, that I last saw the deceased alive on 11/7/1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. W. Goston D.O. 23b. ADDRESS Metz, Mo 23c. DATE SIGNED 1/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 12, 1954 24c. NAME OF CEMETERY OR CREMATORY St. Anthony 24d. LOCATION (City, town, or county) (State) Folk, Mo.

DATE REC'D BY LOCAL REG. 1-14-54 REGISTRAR'S SIGNATURE Rose Rowan 236-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lybster Rulle J. C. Mo.

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.....
Sylvester Dulle

Licensed Embalmer No. *1430*

P. O. Address.....
Jefferson

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.