

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12667

BIRTH NO. Inf REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE.</u>		d. STREET ADDRESS (If rural, give location) <u>0621</u>	
3. NAME OF DECEASED a. (First) <u>CLINTON</u> b. (Middle) <u>WILSON</u> c. (Last) <u>BESHER.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 1954</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>APRIL 30 1911</u>
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>11</u>	10. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WATKINS PRODUCTS.</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>PHIL A BESHER.</u>	
13b. MOTHER'S MAIDEN NAME <u>LANRA RAULS.</u>		14. NAME OF HUSBAND OR WIFE <u>EVELYN BESHER.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>EVELYN BESHER.</u> ADDRESS <u>FREDERICKTOWN 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crownary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES <u>Crownary insufficiency</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crownary insufficiency</u> DUE TO (c) <u>9 months</u> 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 <u>4201</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>6/4</u> , 19 <u>53</u> , to <u>9/17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9/17</u> , 19 <u>54</u> , and that death occurred at <u>5:00 a. m., 9/17/54</u> and the causes and on the date stated above.			
23a. SIGNATURE <u>Margaret Grooman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Fredricks town, Mo.</u>	
23c. DATE SIGNED <u>4/2/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>4-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>	
24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Adamson</u> ADDRESS <u>FREDERICKTOWN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-5-1954</u>		REGISTRAR'S SIGNATURE <u>Therence Dick</u> 187	

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

454-21.

MAY 3 1954

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. 499

working under my personal supervision.

Student Don G. James
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredensborg, N.J.

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.