

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40349

FILED JAN 10 1955

State File No. 238
Registrar's No. 238

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|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>55</u> | | PRIMARY REG. DIST. NO. <u>4082</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Bogard</u> | | d. In 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 _____ | | | | e. STREET ADDRESS (If rural, give location) <u>0170</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u> b. (Middle) _____ c. (Last) <u>Best</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27 1954</u> | | | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | | 8. DATE OF BIRTH <u>Aug 13 - 1901</u> | |
| 9. AGE (In years last birthday) <u>53</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bogard, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Charles H. Best</u> | | 13b. MOTHER'S MAIDEN NAME <u>Etta North</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | |
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Best Bogard, Mo</u> ADDRESS _____ | | | |
| 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) <u>Respiratory Infection</u> ANTECEDENT CAUSES <u>Pulmonary Tuberculosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>15 yrs</u> <u>7</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) <u>002 X</u> | | | |
| 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>Dec 16, 1954</u> , to <u>Dec 26, 1954</u> , that I last saw the deceased alive on <u>Dec 16, 1954</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Garnet S. Alvin</u> (Degree or title) <u>DO</u> | | | | 23b. ADDRESS <u>Bogard, Mo</u> | | 23c. DATE SIGNED <u>12/27/54</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-28-54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>mt zion</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bogard Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12-28-54</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.E. Dickerson</u> ADDRESS <u>Bogard, Mo</u> | | | |

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

0130

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.....


Licensed Embalmer No. 4467

P. O. Address Carrollton, La.

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.