

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7228

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 4042 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lutesville		c. LENGTH OF STAY (in this place) 10 yrs.	c. CITY OR TOWN Lutesville
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION Home		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Anderson b. (Middle) Monroe c. (Last) Bess			4. DATE OF DEATH (Month) (Day) (Year) 3 22 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH MAY 1-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jefferson Bess	13b. MOTHER'S MAIDEN NAME MATILDA SHELL	14. NAME OF HUSBAND OR WIFE MINTA BESS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NO	17. INFORMANT'S SIGNATURE OR NAME Minta Bess Lutesville Mo	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis		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) arteriosclerotic heart disease		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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) (Min.)	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 2/4 1955, to 3/21 1955, that I last saw the deceased alive on 2/18 1955, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. Myers D.D.	23b. ADDRESS Lutesville Mo	23c. DATE SIGNED 3/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-25-55	24c. NAME OF CEMETERY OR CREMATORY BAKER Cem.	24d. LOCATION (City, town, or county) (State) Lutesville MO
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DATE REC'D BY LOCAL REG. 3-28-55	REGISTRAR'S SIGNATURE Willie Van Amburg	25. FUNERAL DIRECTOR'S SIGNATURE Gene Ward	ADDRESS Lutesville Mo
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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.....
Licensed Embalmer No. 3814
P. O. Address Cape Girardeau

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.