

**STANDARD CERTIFICATE OF DEATH**

REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 State File No. 12402 Registrar's No. 18

No. 300  
10.48

FILED APR 26 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>159</u>		PRIMARY REG. DIST. NO. <u>4249</u>		State File No. <u>12402</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>				
b. CITY OR TOWN <u>HILLSBORO</u>			c. LENGTH OF STAY (in this place) <u>30 YRS</u>		c. CITY OR TOWN <u>HILLSBORO</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) _____				

3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>L.</u> (Middle) <u>BECHLER</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 13 1955</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>JUNE 1 1874</u>	9. AGE (In years last birthday) <u>75</u>	10. IN UNDER 1 YEAR Months _____ Days _____	11. IN UNDER 10 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>JEFF. CO. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>JOHN BECHLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SEEL</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE BECHLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JENNIE BECHLER Hillsboro, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis of coronary arteries</u> 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>3 months</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7201</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 March 22, 1955, to April 13, 1955, that I last saw the deceased alive on April 12, 1955, and that death occurred at 1 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell M.D.</u> (Degree or title)		23b. ADDRESS <u>Desoto, Mo.</u>		23c. DATE SIGNED <u>4-15-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 15 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HILLSBORO CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kathleen Mardis Donnell, 141- Desoto, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-18-55</u>		REGISTRAR'S SIGNATURE <u>Kathleen Mardis Donnell</u>			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED  
APR 22 1955

JUN 20 1962

APR 22 1955

STATEMENT BY LICENSED EMBALMER

JUL 13 1962

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.....  
*Donnell B. Dittler*

Licensed Embalmer No. 4104

P. O. Address.....  
*St. Louis*

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.