

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8213**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **204**

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|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff | c. LENGTH OF STAY (in this place) 11 days | c. CITY OR TOWN Bernie | d. Is 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 Doctors Hospital | | e. STREET ADDRESS (If rural, give location) City 10301 | |

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|---|--------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN | b. (Middle) ELROY | c. (Last) BEDWELL | 4. DATE OF DEATH (Month) (Day) (Year) March 14 1956 |
|---|--------------------------|--------------------------|---|

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|--------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 4 1880 | 9. AGE (In years last birthday) 76 | 10 UNDER 1 YEAR Months 2 Days 10 | 11 UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|---|--|

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|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|---|---|---|
| 13a. FATHER'S NAME Frank Bedwell | 13b. MOTHER'S MAIDEN NAME Martha Jane Brooks | 14. NAME OF HUSBAND OR WIFE Emma Bedwell |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Emma Bedwell ADDRESS Bernie, Missouri |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 8 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| | | |
|---|--|----------------------------|
| 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 **3-4**, 19**56** to **3-14**, 19**56**, that I last saw the deceased alive on **2-14**, 19**56**, and that death occurred at **5:50 P.M.** from the causes and on the date stated above.

| | | |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) Merwin R. Barbours, M.D. | 23b. ADDRESS Poplar Bluff, Mo. | 23c. DATE SIGNED 3/21/56 |
|--|---------------------------------------|---------------------------------|

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|---|-------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Mar. 16 1956 | 24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery | 24d. LOCATION (City, town, or county) (State) Kennett, Missouri |
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| | | |
|---|--|---|
| DATE REC'D BY LOCAL REG. 3/21/56 | REGISTRAR'S SIGNATURE R.H. Mendenhall | 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo. ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

89

RECEIVED
MAR 26 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

26 3 1956

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 *Christina M. Landess*

Licensed Embalmer No. *422*

P. O. Address *Campbell,*

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.