

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2474

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE, MO</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>FESTUS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE FOR BOONNE TERRE MO D.O.A.</u> Length of stay in 1b		d. STREET ADDRESS <u>123 10th St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>DONALD ROSS BESS</u> First Middle Last			4. DATE OF DEATH <u>FEB. 2 1957</u> Month Day Year			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 16, 1929</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLASSWORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLATE GLASS - MANUFACTURER</u>		11. BIRTHPLACE (City and state or country) <u>BOUNNE TERRE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>RAYMOND BESS</u>			14. MOTHER'S MAIDEN NAME <u>BURHA ASBRIDGE</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR II</u>	16. SOCIAL SECURITY NO. <u>496-30-4675</u>	17. INFORMANT Address <u>MRS. DORIS MARIE BESS (WIFE)</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Skull fracture and Multiple Injuries</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronal Juv. Fracture - by reason of being passenger in automobile involved in an accident - automobile, blown & ejected at the time of accident by me the driver, indicated the driver was driving at an excessive speed as a result of your</u> DUE TO (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR TO THE COURSE OF THE DISEASE (Give in Part 18)		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>automobile overturning and deceased receiving injuries</u>	
20c. TIME OF INJURY Hour <u>2</u> a. m. <u>2</u> p. m. Month <u>2</u> Day <u>2</u> Year <u>57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Randolph St. Francois, Mo</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Earl J. Miller Coroner 3rd Farmington, Mo</u>	22b. ADDRESS	22c. DATE SIGNED <u>2/4/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB. 6, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN</u>	23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MISSOURI</u>
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24. FUNERAL DIRECTOR <u>BOYER-BENHAM F.H.</u> ADDRESS <u>313 BENHAM ST. BOONNE TERRE, MO</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 4, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Ether Redloff</u>
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MAR 6 1957

FEB 20 1957

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 *B. T. Soyars*

Licensed Embalmer No. 36

P. O. Address DESLOGE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.