

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020645
File No.

FILED MAY 20 1958

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 15

1030

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Bloomfield <u>1030</u>	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 (If not in hospital or institution, give street address or location) (at family home)		e. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print)	a. (First) MAI	b. (Middle) BEDFORD	c. (Last) MOSELEY	4. DATE OF DEATH (Month) (Day) (Year) May 12, 1958
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 31, 1869	9. AGE (In years) (Month) (Day) (Specify) 89	IF UNDER 1 YEAR Months 1 Days 11	IF 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) Housewife	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 Henry H. Bedford	13b. MOTHER'S MAIDEN NAME Minerva Lewis	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Therma Leggett, Bloomfield, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Carcinoma Rectum		8 hrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis			1 1/2 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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?
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22. I hereby certify that I attended the deceased from Sept 1957, to May 12, 1958, that I last saw the deceased alive on May 12, 1958, and that death occurred at 1:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE Stephen Parker (Degree or title)	23b. ADDRESS Bloomfield, Mo	23c. DATE SIGNED 5-15-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 13, 58	24c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.	24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri
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DATE REC'D BY LOCAL REG. 5-17-58	REGISTRAR'S SIGNATURE Mrs. George L. Baker	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND.CO., BLOOMFIELD, MO.	ADDRESS ---
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(Licensed Embalmer's Statement on Reverse Side)

9561 7 8 AOM

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, & by Lulu Cooper # 3499, ~~Student Embalmer~~ No.

~~working under my personal supervision~~

Student.....
Signature of Student Embalmer

Signed Juan C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, N.....

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.