

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-024306
 State File No.

FILED JUL 1 1958

REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 24

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 admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Bloomfield		c. LENGTH OF STAY (in this place) 5dys.	c. CITY OR TOWN Advance, Mo. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoddard Co. Home		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Benny		b. (Middle)	c. (Last) Bess
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	4. DATE OF DEATH (Month) (Day) (Year) June 5, 1958
8. DATE OF BIRTH Dec. 13, 1896		9. AGE (10 years last birthday) 61	IF UNDER 1 YEAR Months 5 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City or State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Bill Bess	
13b. MOTHER'S MAIDEN NAME Cindy		14. NAME OF HUSBAND OR WIFE Bess Ezie Bess	
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.	
17. INFORMANT'S SIGNATURE OR NAME Robert Bess		ADDRESS Zalma, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		3 years	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile marasmus			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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) 331X			
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 6-5-1958 , to 6-8-1958 , that I last saw the deceased alive on 6-8-1958 , and that death occurred at 11:00 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE James O. Cameron		23b. ADDRESS Bloomfield-Mo.	
23c. DATE SIGNED 6-23-58			
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 6-7-58	
24c. NAME OF CEMETERY OR CREMATORY Brownwood Cemetery		24d. LOCATION (City, town, or county) (State) Brownwood, Missouri	
DATE REC'D BY LOCAL REG. 6-27-58		REGISTRAR'S SIGNATURE Mrs. George L. Baker	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Meyer		ADDRESS Advance	

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..... *Wm H. May*

Licensed Embalmer No. 4640

P. O. Address Advance, Mo

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.