THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039102
STATE FILE NUMBER

FILED DEC 11 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital — Length of stay in 1b 3 Da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Fulton — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Route 4 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Marshall, Middle Edward, Last Bezler
4. DATE OF DEATH: Month Dec. Day 2 Year 1958
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Aug. 4, 1884
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY Postal Service
11. BIRTHPLACE (City and state or country) Callaway County Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mike Bezler
14. MOTHER'S MAIDEN NAME D.K. Maddox
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. D. K.
17. INFORMANT Howard Bezler Address Fulton Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — 2 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Coronary — ?
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Severe anemia, cause undetermined
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov. 29 1958 to Dec 1, 1958 and last saw her/him alive on Dec 1, 1958. Death occurred at 3:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James E. Hill (Degree or title) MD
22b. ADDRESS Fulton, Mo
22c. DATE SIGNED 12-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 4, 1958
23c. NAME OF CEMETERY OR CREMATORY Hillcrest
23d. LOCATION (City, town, or county) Fulton (State) Mo.
24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton Mo.
25. DATE RECD. BY LOCAL REG. Dec. 8-1958
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 5 1959

MAR 9 1959

DEC 18 1958

DEC 18 1958

JUL 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. I. Rosson

Licensed Embalmer No 28

P. O. Address ...

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.