

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027801

FILED VS JUL 31 1959 333

Registration District No. Primary Registration District No. 3074 Registrar's No. 130

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		c. CITY OR TOWN SIKESTON	
Length of stay in 1b 9 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BEL AIR NURSING HOME		d. STREET ADDRESS (If outside, give location) ROUTE # 2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WILLIAM BECHEL			4. DATE OF DEATH Month Day Year JULY 5, 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-24-1877	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RET)		10b. KIND OF BUSINESS OR INDUSTRY BUILDING		11. BIRTHPLACE (City and state or country) ORAN, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOE BECHEL		13b. MOTHER'S MAIDEN NAME STONE		14. NAME OF HUSBAND OR WIFE ROSICA BECHEL		
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. 343-03-6459		17. INFORMANT Address WM BECHEL #2 SIKESTON, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, bronchial		INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) -		
DUE TO (c) -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (1) Generalized arteriosclerosis. (2) General debility		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.) -	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 **7-1-59** to **7-5-59** and last saw him ^{her} alive on **JULY 5, 1959**
Death occurred at **9:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. D. Urban, M.D.		22b. ADDRESS Si-keston		22c. DATE SIGNED 7-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-7-1959	23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES	23d. LOCATION (City, town, or county) (State) SIKESTON, MO.	

24. FUNERAL DIRECTOR ADDRESS Edw. G. Munnellee - Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. 7-24-59	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer, No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward E. Funnelle

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

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