

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-028208

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 842

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan				a. STATE Nebraska b. COUNTY Gage			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph			Length of stay in 1b 8 weeks	c. CITY OR TOWN Beatrice		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1325 E. Court		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First EDGAR		Middle E.		Last BEST		Month August Day 11, 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 22, 1873	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practicing Chiropractor		10b. KIND OF BUSINESS OR INDUSTRY D.C.		11. BIRTHPLACE (City and state or country) Freeport, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Best			13b. MOTHER'S MAIDEN NAME Almeda Deymer		14. NAME OF HUSBAND OR WIFE Emma Best		
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. 507-50-4844		17. INFORMANT Address Mrs. Vernon Hamilton, St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Pyelonephritis						10 days	
DUE TO (b) Arteriosclerotic Heart Disease						5 years	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic hyperplasia						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	
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 June 13, 1959		to Aug. 11, 1959		and last saw him alive on Aug. 10, 1959		Death occurred at 4:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>J.N. Martin</i>			(Degree or title) MD		22b. ADDRESS 706 Francis St. Joseph, Mo.		22c. DATE SIGNED 8-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE August 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen Home		23d. LOCATION (City, town, or county) (State) Beatrice, Nebraska			
24. FUNERAL DIRECTOR <i>Wm. J. Hoffman</i>		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Aug 19, 1959		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

DOCUMENT

BY AFFIDAVIT OF J.N. Martin, M.D. MEDICAL CERTIFICATION

SEP 18 1958

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 B. Huntington

Licensed Embalmer No. 3250

P. O. Address *H. J. ...*

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.