URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1959 042

59–035227
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1027

ENDED

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. JOSEPH,
Length of stay in 1b: 2 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: METHODIST HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS
b. COUNTY: DONIPHAN
c. CITY OR TOWN: HIGHLAND
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F. D. # 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILLIE Middle GRANT Last BEZONA
4. DATE OF DEATH: Month Oct. Day 8, Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 11, 1873
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RET. FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER
11. BIRTHPLACE (City and state or country): TEXAS COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOHN H. BEZONA
13b. MOTHER'S MAIDEN NAME: MARY HUBBARD
14. NAME OF HUSBAND OR WIFE: PEARL
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.: NONE
17. INFORMANT: MR. HAROLD BEZONA – ST. JOSEPH, MO.
Address: 1512 SOUTH 12TH, ST.

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)	C.V.A. – Left Hemiplegia (Haemorrhage)	4 wks approx
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Arteriosclerotic Cardio-	
DUE TO (c)	vascular Renal disease	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 9-15-59, to 10-8-59 and last saw him alive on 10-8-59
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm B Rost M D (Degree or Title)
22b. ADDRESS: 316 N 10th St Joseph Mo
22c. DATE SIGNED: 10-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 10/8/1959
23c. NAME OF CEMETERY OR CREMATORY: BELLEMONT CEMETERY
23d. LOCATION (City, town, or county) (State): WATHENA, KANSAS

24. FUNERAL DIRECTOR ADDRESS: HARMAN FUNERAL HOME – WATHENA, KANSAS
25. DATE RECD. BY LOCAL REG.: Oct. 12, 1959
26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

OCT 23 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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles M. Harma

Licensed Embalmer No. 4487

P. O. Address Wathena, K

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