

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032522

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District 3026 Registrar's No. 394

STATE FILE NUMBER

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB

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Rev: 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEP. MO</b>		c. CITY OR TOWN <b>INDEP. MO</b>	
Length of stay in 1b <b>2 1/2 yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>439 TENNESSEE</b>		d. STREET ADDRESS (If outside, give location) <b>439 TENNESSEE</b>	
3. NAME OF DECEASED (Type or print) First <b>CECIL</b> Middle <b>ERNEST</b> Last <b>BEZONI</b>		4. DATE OF DEATH Month <b>8</b> Day <b>22</b> Year <b>63</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-97</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sheffield Steel</b>	9. AGE (last birthday) <b>66</b>
13a. FATHER'S NAME <b>Fred Bezoni</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Coffee</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred Bezoni</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	17. INFORMANT Address <b>439 Tennessee</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute lymphocytic leukemia</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>7-9-63</b> to <b>8-22-63</b> and last saw her alive on <b>8-21-63</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Fred J. Zimmman</b> (Degree or title)		22b. ADDRESS <b>Indep Mo</b>	22c. DATE SIGNED <b>8/23/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>8-24-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>	23d. LOCATION (City, town, or county) (State) <b>Indep. Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Mayfield Blue Springs</b>		25. DATE RECD. BY LOCAL REG. <b>8-23-63</b>	26. REGISTRAR'S SIGNATURE <b>Alba I. Cray</b>

13-23000000

**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 E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.

8-23-63