

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6379 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>3818</u>	
3	
4 <u>1</u>	
5 <u>2</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
<u>9443X</u>	
10	
11	
12 <u>66-0</u>	
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

<b>FILED DEC 11 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u>	a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u> (Institution)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>	Length of stay in lb <u>70 YEARS</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>5928 THE PASCO</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>CAROLYN MAY BEDDES</u>	4. DATE OF DEATH <u>NOVEMBER 22, 1963</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-2-1894</u>
9. AGE (last birthday) <u>89</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE - AT HOME</u>
11. BIRTHPLACE (City and state or country) <u>NEWARK, OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM SOTE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HERBAUGH</u>
14. NAME OF HUSBAND OR WIFE <u>WILLIAM B. BEDDES</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>MRS. WALLACE M. WELLS - KANSAS CITY, MISSOURI</u>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>	INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - hypertension</u>	
DUE TO (c) <u>and heart disease - uremia</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pt 89 - Generalized arteriosclerosis</u>	
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 <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> 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 <u>11/9/63</u> to <u>11/22/63</u> and last saw her/him alive on <u>11/22/63</u> . Death occurred at <u>6:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Hester J. Wilson MD</u> (Degree, or title)	22b. ADDRESS <u>411 Nichols Road</u>
	22c. DATE SIGNED <u>11/23/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 25 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>	23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. RICHMOND'S SONS - KANSAS CITY, MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>11-24-63</u>
	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

Dr. Walter L. Wilson  
233 Plaza  
12:30-3:00  
Linn Bldg - 4111 Nichols Road  
Tel - 2233

**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 Rosal J. Boyer

Licensed Embalmer No. 4892

P. O. Address Overland Park, KS

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.