

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32503

State File No. \_\_\_\_\_

FILED OCT 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale,</u>	c. LENGTH OF STAY (In this place) <u>87 years</u>	c. CITY OR TOWN <u>Hale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home West Part Town.</u>		e. STREET ADDRESS (If rural, give location) <u>Home.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>EDGAR</u>	c. (Last) <u>BEDELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13th, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 18, 1868</u>	9. AGE (In years last birthday) <u>87</u>	10. UNDER 1 YEAR Days <u>6</u>	11. UNDER 1 HRS. Hours <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher - Postmaster</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Hale, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Bedell,</u>	13b. MOTHER'S MAIDEN NAME <u>Scappa Bowden,</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Maude Bedell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maude Bedell, Hale, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Terminal Bronchial</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>4500</u>		<u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralyzed Short left leg</u>		<u>all his life</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE? (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1 1950, to Oct 13, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Oct. 16 55</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/16/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cameron Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-22-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ..... *Clifford W. Austin*

Licensed Embalmer No. .... 3233

P. O. Address ..... Tina, Miss

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.