

FILED JAN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1849

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 11

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lexington Hospital</u> | | <u>3707 Mohawk</u> | |

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|-------------------------------------|------------------------|----------------------------|---------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Fred</u> | b. (Middle) <u>Russell</u> | c. (Last) <u>Bechtold</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>Jan. 7 49</u> |

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>October 20 1907</u> | 9. AGE (In years last birthday) <u>41</u> | # UNDER 1 YEAR Months <u>2</u> Days <u>18</u> | # UNDER 1 WEEK Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Attendant</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Fred Bechtold</u> | 13b. MOTHER'S MAIDEN NAME <u>Rebecca McGee</u> | 14. NAME OF HUSBAND OR WIFE <u>Eva Lou</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) <u>Yes World War II</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Bechtold</u> | ADDRESS <u>3707 Mohawk Hannibal Mo</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, ashenia, 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>Cerebral hemorrhage</u> | | <u>36 hrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>hypertension</u> | | <u>8 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>U2010</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>D</u> |
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22. I hereby certify that I attended the deceased from _____, 1949, to Jan 7, 1949, that I last saw the deceased alive on Jan 7, 1949 and that death occurred at 1:05 P. m., from the causes and on the date stated above.

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|---|-------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>W. R. Johnson</u> (Degree or title) | 23b. ADDRESS <u>1101 Bly Avenue</u> | 23c. DATE SIGNED <u>1/8/49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>January 10 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>M.T. Olive Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal, Marion Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>1-11-49</u> | REGISTRAR'S SIGNATURE <u>Dr E M Lucke</u> 189 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> | ADDRESS <u>Hannibal Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed..... *Michael J. O'Donnell*

Signed.....
Student Embalmer

Licensed Embalmer No. *3246*

P. O. Address *Hannibal, Mo*

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 this body is not embalmed, fact should be so stated above.