

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4774  
624

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>Kansas City Mo</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY in this place <b>24 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>3222 MORRELL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mendish Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>Hester</b>		a. (First) <b>Hester</b>		b. (Middle)		c. (Last) <b>Bedell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 9 49</b>			
5. SEX <b>F</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>Dec 29 1866</b>		9. AGE (In years last birthday) <b>82</b>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>TENN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>PIERCE</b>		13b. MOTHER'S MAIDEN NAME <b>RICHARDSON</b>		14. NAME OF HUSBAND OR WIFE <b>ALBERT</b>	
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lulu R Shaw</b> ADDRESS <b>2817 E 7th</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion - myocardial infarction</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, general</b> DUE TO (c) <b>420.1</b>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastric Hemorrhage from probable gastric carcinoma.</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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 **2/2**, 19**49**, to **2A**, 19**49**, that I last saw the deceased alive on **2/9**, 19**49**, and that death occurred at **5:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Morris Statland</b> (Degree or title) <b>Mois Statland M.D.</b>		23b. ADDRESS <b>427 E. 64 Ter. K.C., Mo.</b>		23c. DATE SIGNED <b>2/10/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-12-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO</b>	
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DATE REC'D BY LOCAL REG. <b>2-11-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs G. R. Forster</b> ADDRESS <b>K.C. Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed.....

*Gene Clark*

Licensed Embalmer No. *4716*

P. O. Address *K. C. 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.