FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 25 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

8803

State File No.

Registration District No. 1536 | Primary Registration District No. 2001 | Registrar's No. 117

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution: Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Okla. (b) County: Ottawa
(c) City or town: Miami 999
(If outside city or town limits, write "RURAL") 34
(d) Street No.: 322 C S.E.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elbert Eugene Bedell
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 19 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	18	..... hr. ..... min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business .....
FATHER
12. Name: Ezra Bedell
13. Birthplace: N.Y. (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Dickenson
15. Birthplace: (City, town, or country) (State or foreign country)
16. (a) Informant: Leon Bedell
(b) Address: Miami, Okla.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 3-11-49 (Month) (Day) (Year)
(c) Place: burial or cremation: G.A.R. Miami
18. (a) Signature of funeral director: Cooper's
(b) Address: Miami, Okla.
19. (a) 3-15-49 (Date received local registrar) (b) Ed S. Jones (Signature) Amy Elliott Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1949 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 2-25, 1949, to Mar 8, 1949, that I last saw him alive on Mar 7, 1949, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure	
Due to: Myocardial damage	2 yrs.
Due to: Urinary retention because of Carcinoma of Prostate	2 wks.
Other conditions: Metastasis in Rt hip. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of Prostate
Of autopsy: Not done

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: J. M. Walker (M. D. or other)
Address: Joplin, Mo. Date signed: 3-12-49

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

49-3-235

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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