

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33200
363

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Rural Bourbon	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) R.F.D. #5 Fulton, Missouri	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. #2 of Fulton			

3. NAME OF DECEASED (Type or Print)	a. (First) LBELLA	b. (Middle) HALL	c. (Last) BEDSWORTH	4. DATE OF DEATH (Month) (Day) (Year) Oct 25, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 23, 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 2	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Hall	13b. MOTHER'S MAIDEN NAME Winifred Newman	14. NAME OF HUSBAND OR WIFE John Bedsworth
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ben Freiberger,	ADDRESS R.F.D. #2 Fulton, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Thromboembolus of R leg.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			454X

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 *Oct 24, 1949* to *Oct 25, 1949* that I last saw the deceased alive on *Oct 24, 1949*, and that death occurred at *4:40 pm.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. N. Greer</i>	(Degree or title)	23b. ADDRESS <i>619 East St. Fulton Mo</i>	23c. DATE SIGNED <i>10-27-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 27, 1949	24c. NAME OF CEMETERY OR CREMATORY White Cloud	24d. LOCATION (City, town, or county) (State) Callaway Missouri
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DATE REC'D BY LOCAL REG. <i>Oct 27-1949</i>	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	426	25. FUNERAL DIRECTOR'S SIGNATURE <i>Margie Funeral Home, Fulton Mo</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

District File Number _____
District Health Officer No. 9,
OCT 29 1949 RECEIVED

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
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.