

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38276

State File No. _____

BIRTH NO. <u>74546-49</u>		REG. DIST. NO. <u>278</u>	PRIMARY REG. DIST. NO. <u>3054</u>	Registrar's No. <u>94</u>
1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bowling Green</u>		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Springs Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jo Ann</u> b. (Middle) <u>Besterfeldt</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 11-13-1949</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>30</u> IF UNDER 1 HR. Hours <u>1</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Louisiana Mo D</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James R. Besterfeldt</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Bean Harlinger</u>	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.R. Besterfeldt - Bowling Green</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>		<u>776X</u>	
19a. DATE OF OPERATION <u>No</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>✓</u>		
22. I hereby certify that I attended the deceased from <u>11-13</u> , 19 <u>49</u> , to <u>11-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>49</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>J.M. Malheur M.D.</u>		23b. ADDRESS <u>Bowling Green Mo</u>	23c. DATE SIGNED <u>11-14-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 15, 1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.B. Ehmre - Bowling Green</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1949

RECEIVED

District Health Officer No. 1

Form No. 10 Number 11-42-192

Date Filed NOV 28 1949

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed H. B. Emrose

Licensed Embalmer No. 3466

P. O. Address Brooklyn Green

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.