

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9120

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>106</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. LENGTH OF STAY (In this place) 59		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence			
d. FULL NAME OF HOSPITAL OR INSTITUTION 136 E. Pacific				d. STREET ADDRESS (If rural, give location) 136 E. Pacific				0484 0	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs BERTHA			b. (Middle) E.		c. (Last) BESSMER		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept, 25, 1870		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Femina Osage, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Conrad Kippel			13b. MOTHER'S MAIDEN NAME Louise Schweissguth			14. NAME OF HUSBAND OR WIFE Christopher Bessemer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO			16. SOCIAL SECURITY NO. (If you give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Oscar Bessemer				ADDRESS Indep Mo.
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum c ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis to left clavicle + DUE TO (c) thruout pelvis c retrovaginal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fistula formation -						INTERVAL BETWEEN ONSET AND DEATH 7	
19a. DATE OF OPERATION Jan 14/50		19b. MAJOR FINDINGS OF OPERATION Bisphoy of left clavicle mass - above Ca found						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Dec 28</u> , 19 <u>49</u> , to <u>3/12/50</u> , 19 <u> </u> , that I last saw the deceased alive on _____, 19 <u> </u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE R. D. GARDNER, M.D.						23b. ADDRESS _____		23c. DATE SIGNED 3/13/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) / (State) Indep Mo.			
DATE REC'D BY LOCAL REG. Mar 13-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 RECD

RECEIVED
 DEPARTMENT OF HEALTH
 DIVISION OF PUBLIC HEALTH
 ST. LOUIS, MISSOURI
 OFFICE OF THE STATE EMBALMER
 ST. LOUIS, MISSOURI

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Henry H. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address London, Mo.

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

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