

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12336**

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 32

0241

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	c. LENGTH OF STAY (in this place township) <u>10 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>430 Doniphan St.</u>		d. STREET ADDRESS (If rural, give location) <u>430 Doniphan St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Bedwell</u> c. (Last) <u>Bedwell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21-50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20 1872</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.</u>

13a. FATHER'S NAME <u>John B. Bedwell</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Brumbaugh</u>	14. NAME OF HUSBAND OR WIFE <u>R. J. Bedwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. J. Bedwell Liberty, Mo.</u>	

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pt had four previous cerebral hemorrhages</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs (R)</u> <u>5 yrs</u> <u>?</u> <u>13 mo</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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) <u>321X</u>
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 14 July, 1947, to 21 April, 1950, that I last saw the deceased alive on 20 April, 1950, and that death occurred at 5:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Waterman M.D.</u>	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>21 April 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 22-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>
24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>APRIL 22 1950</u>	REGISTRAR'S SIGNATURE <u>Minnie Haysnes</u> <u>64</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shuman-Cochran Co. Liberty Mo</u>
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District Health Officer NO. 3,

District File Number

Date Filed 4-29-50

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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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.