

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13610

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waterloo, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R. F. D.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Michel Christian</u>		b. (Middle) <u>Bessinger</u>		c. (Last) <u>Bessinger</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		8. DATE OF BIRTH <u>July 2, 1876</u>		9. AGE (In years last birthday) <u>73</u>	
11a. BIRTH PLACE (State or foreign country) <u>Wisconsin</u>		11b. BIRTH PLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>yes U.S.A.</u>		13. FATHER'S NAME <u>Christopher Bessinger</u>	
13a. FATHER'S NAME <u>Christopher Bessinger</u>		13b. MOTHER'S MAIDEN NAME <u>Antonia Gates</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stanley Gates</u>		ADDRESS <u>Waterloo, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis (arterial)</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial Sclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Re lateral gangrene legs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>Mar 31, 1950</u> to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>April 8, 1950</u> and that death occurred at <u>9:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ben H Brasher M.D.</u>		(Degree or title)		23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>4/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnold Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>R.F.D. Wellington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12 April 1950</u>		REGISTRAR'S SIGNATURE <u>Wm E. Sashbrook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Shepard</u>		ADDRESS <u>Wellington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 27

District Health Officer No. 8

District File Number.....

Date Filed 4-28-50

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.

Signed J. Clair Sheppard

Signed.....  
Student Embalmer

Licensed Embalmer No. 4179

P. O. Address Wellington, Miss.

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.