

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19738**BIRTH NO. **39836-50** REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **166**

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage 0700				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 20 min.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Township /				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Freeburg, Mo. R # 1				
3. NAME OF DECEASED (Type or Print) Mary			a. (First)		b. (Middle)		c. (Last) Bexten	
4. DATE OF DEATH July 11, 1950		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 11, 1950		
5. SEX Female		6. COLOR OR RACE White		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Mins. 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Mary's Hospital 0		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alfred B. Bexten		13b. MOTHER'S MAIDEN NAME Johanna L. Ruder		14. NAME OF HUSBAND OR WIFE None		
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 ADDRESS Alfred B. Bexten m Freeburg, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis foetalis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 20 min		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
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) (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 July 11, 1950 , to July 11, 1950 , that I last saw the deceased alive on July 11, 1950 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) L.D. Heller M.D. Jefferson City Mo				23b. ADDRESS		23c. DATE SIGNED 7-11-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 12, 1950		24c. NAME OF CEMETERY OR CREMATORY Richfountain Catholic		24d. LOCATION (City, town, or county) (State) Richfountain, Mo.		
DATE REC'D BY LOCAL REG. July 11-1950		REGISTRAR'S SIGNATURE R.P. Norris MD-7R 68		25. FUNERAL DIRECTOR'S SIGNATURE Clyde Morton		ADDRESS Linn, Mo.		

RECEIVED 7-13-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-13-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Vernon Morton

Signed
Student Embalmer

Licensed Embalmer No. 4125

P. O. Address Linn, 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.