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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5157 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STEEDMAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steedman 1145</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			
3. NAME OF DECEASED a. (First) <u>CHRISTY</u>		b. (Middle) <u>BEZLER</u>	
c. (Last) <u>BEZLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 9 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 12 1865</u>
9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>	IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHRISTY BEZLER</u>		13b. MOTHER'S MAIDEN NAME <u>Dr. ANNIE SLOTTENBECH</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma E. Bezler</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Guy Bezler, Steedman, Mo.</u>		ADDRESS <u>Steedman, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Congestion of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of Rt. Hip</u> DUE TO (c) <u>Cystitis - Chronic and Pneumia</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>014</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>m.</u>		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>9-10</u> , 19 <u>51</u> , to <u>10-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>51</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Payne</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>R#6 Fulton Mo</u>	
23c. DATE SIGNED <u>10-11-1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial #</u>		24b. DATE <u>10-14-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Steedman</u>		24d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct-13-1951</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>426</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funeral Home, Fulton, Mo.</u>		ADDRESS <u>Fulton, Mo.</u>	

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

OCT 15 1951  
RECEIVED

APR 12 1952

**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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.