

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19367

State File No.

FILED JUN 17 1952

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u> Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Bollinger</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bondes Nursing Home,</u>			d. STREET ADDRESS (If rural, give location) <u>Lutesville, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>Bess,</u> c. (Last) <u>Bess,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>10</u> <u>52</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>6-17-1869</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Days <u>11</u> Hours <u>24</u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Bollinger County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Franklin Bess,</u>		13b. MOTHER'S MAIDEN NAME <u>Amey Huffman,</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Bess,</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>Mrs Roy Cheek, Marquand, Mo.</u> ADDRESS <u></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>Hypostatic pneumonia.</u> ANTECEDENT CAUSES <u>Cardiac decompensation.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolism.</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)	
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>Nov. 15, 1950</u> , to <u>June 10, 1952</u> , that I last saw the deceased alive on <u>June 7, 1952</u> , and that death occurred at <u></u> m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Everette L. Price, M.D.</u>		23b. ADDRESS <u>Lutesville, Mo.</u>		23c. DATE SIGNED <u>6-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger County Mom. Park, Lutesville, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cox Shetley Lutesville, Mo.</u> ADDRESS <u></u>			
DATE REC'D BY LOCAL REG. <u>June 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u> 250			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Edward B. Zeman

Licensed Embalmer No. 4133

P. O. Address 3500 Highland Dr.

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.