

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16786

State File No.

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 4503 Registrar's No. 24

1030
1

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bernie</u> <u>1030</u>	
c. LENGTH OF STAY (in this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>No number</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No number</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARION</u>	b. (Middle) <u>PRESLEY</u>	c. (Last) <u>BEBOUT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 10, 1953</u>
-------------------------------------	--------------------------	----------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 28, 1871</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Mins.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------	---------------------	----------------------	----------------------

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 (City and State or Foreign Country) <u>Crittenden County, Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Marion I. Bebout</u>	13b. MOTHER'S MAIDEN NAME <u>Drucilla Champion</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Autie Ward Bebout</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>Mrs. Autie W. Bebout - Bernie Mo</u>	ADDRESS <u>Bernie, Mo</u>
--	-------------------------------------	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease of the Coronary Arteries</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u> <u>High Blood Pressure</u>			<u>unknown</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)	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 June 12, 1950, to Mar 4, 1953, that I last saw the deceased alive on Mar. 4, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. O. Kelley</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Bernie, Mo.</u>	23c. DATE SIGNED <u>4-20-53</u>
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-30-53</u>	REGISTRAR'S SIGNATURE <u>Delma V. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Smith</u>	ADDRESS <u>Funeral Home</u>
---	---	---	-----------------------------

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 _____

H. Denver Fike

Licensed Embalmer No. _____

4484

P. O. Address _____

Caruthersville, 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.