No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22595

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 1480 Registrar's No. 379

0910 C

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan, Rural
c. LENGTH OF STAY (In this place): 8yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doniphan Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan, Rural, Harris
d. STREET ADDRESS (If rural, give location): Route 1 0910 C

3. NAME OF DECEASED (Type or Print)
a. (First): Seaborn
b. (Middle): York
c. (Last): Bessent

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1953

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 13, 1894
9. AGE (In years last birthday): 58 — If under 1 year: Months 6, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dyer Co. Tennessee
12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: James Harvey Bessent
13b. MOTHER'S MAIDEN NAME: Mary Etta Smith
14. NAME OF HUSBAND OR WIFE: Willie I. Bessent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 409-26-5183
17. INFORMANT'S SIGNATURE OR NAME: Willie I. Bessent, Doniphan, Mo. — ADDRESS

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary embolus — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ 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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6/20, 1952, *to* 6/17, 1953, *that I last saw the deceased alive on* 6/17, 1953 *and that death occurred at* 2:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank C Johnson (Degree or title) M.D.
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Polk Chappell
24d. LOCATION (City, town, or county) (State): Current View, Missouri

DATE REC'D BY LOCAL REG.: 6-24-53
REGISTRAR'S SIGNATURE: 277
25. FUNERAL DIRECTOR'S SIGNATURE: Richard Ernest Corking
ADDRESS: Ark.

(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 me

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard O. Ermer

Licensed Embalmer No. 782

P. O. Address Corning, Ar

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.