

## STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED SEP 14 1953

BIRTH NO. ....		REG. DIST. NO. <u>230</u>		PRIMARY REG. DIST. NO. <u>4344</u>		State File No. ....		Registrar's No. <u>67</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Montgomery</u>					a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>						
c. LENGTH OF STAY (in this place) <u>74 yrs</u>					d. STREET ADDRESS (If rural, give location) <u>0700</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Robert</u>			b. (Middle) <u>Bruce</u>			c. (Last) <u>Bedford</u>		
4. DATE OF DEATH			(Month) <u>Sept</u>			(Day) <u>7th</u>			(Year) <u>1953</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>Jan 27--1879</u>		
9. AGE (In years last birthday) <u>74</u>			IF UNDER 1 YEAR Months			IF UNDER 1 YEAR Days			IF UNDER 1 YEAR Hours		
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>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>McKittrick, Mo. R.D.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Webster Clay Bedford</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Jane Ellis</u>				14. NAME OF HUSBAND OR WIFE <u>XXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XXX</u>				16. SOCIAL SECURITY NO. <u>XXXX</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Coleman Bedford</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				ADDRESS			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH							
ANTECEDENT CAUSES											
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXX</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McKittrick Montgomery Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXX</u> m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>7 sept</u> , 19 <u>53</u> , to <u>7 sept</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7 sept</u> , 19 <u>53</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Name or title) <u>Clement W. Linnert</u>				23b. ADDRESS <u>Montgomery City Mo</u>				23c. DATE SIGNED <u>9/7/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Sept 9-1953</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Near McKittrick, Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna M. Baker</u>				ADDRESS <u>Americus, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 9, 1953</u>				REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>							

(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

*D B Baker*

Licensed Embalmer No. 3375

P. O. Address Americus, 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.