S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29509

FILED AUG 31 1953

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3057 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY: Perry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Perryville
c. LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Perry County Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Perry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cinque Hommes Township 0790 0
d. STREET ADDRESS (If rural, give location): Perryville, R.2.

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): Victoria
c. (Last): Besand

4. DATE OF DEATH (Month) (Day) (Year): August 18, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 16, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Perry County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Rollet
13b. MOTHER'S MAIDEN NAME: Thresa Milfelt
14. NAME OF HUSBAND OR WIFE: Alphonse Besand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME 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) lower nephron nephrosis c̄ uremia — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) dehydration & electrolyte imbalance — 6 days
DUE TO (c) probable chronic glomerulo-nephritis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
volvulus of colon — 9 days

19a. DATE OF OPERATION: 8/9/53
19b. MAJOR FINDINGS OF OPERATION: volvulus (partial) transverse colon 592X
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* 8/6, 1953, *to* 8/18, 1953, *that I last saw the deceased alive on* 8/18, 1953, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William F. Uttermann M.D.
23b. ADDRESS: Perryville, Mo
23c. DATE SIGNED: 8/21/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 21, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Perryville, Mo.

DATE REC'D BY LOCAL REG.: 8-21-53
REGISTRAR'S SIGNATURE: Joe J. Zoellner 250
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert Bey, Perryville, Mo

(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, [redacted] .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed ..... Albert Bey

Signed .....
Student Embalmer

Licensed Embalmer No. 3866

P. O. Address Terryville, Md.

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.