

FILED DEC 21 1957

STANDARD CERTIFICATE OF DEATH

State File No. 43669

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Mississippi		b. CITY (If outside corporate limits, write RURAL and give township) Charleston		a. STATE Missouri		b. COUNTY Mississippi	
c. LENGTH OF STAY (in this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) Charleston		d. STREET ADDRESS (If rural, give location) 207 N. Virginia St. 0672 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION W. Marshall St.							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Archie	b. (Middle) Azmon	c. (Last) Bedwell	Month Nov.	Day 7,	Year 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June, 21, 1887		9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Army Officer	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (State or foreign country) Callaway County, Ky.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Arch Bedwell		13b. MOTHER'S MAIDEN NAME Zilpha Doad		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 1 & 2		16. SOCIAL SECURITY NO. 533-26-5392		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Mae Anderson, Englewood, Colo.			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				INSTANTLY	
		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 type="checkbox"/> NO <input checked="" 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) <u>Charleston Mo. Mo.</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Francis Shelby Brown</u>				23b. ADDRESS <u>East Prairie Mo.</u>		23c. DATE SIGNED <u>11-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/53	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Charleston Mo.		
DATE REC'D BY LOCAL REG. 12-16-53		REGISTRAR'S SIGNATURE <u>James Kearnes</u>		480 -		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Hummel</u>	
				ADDRESS The Funeralee Funeral Chapel, Charleston, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 18 REC'D

Miss. Co. Health Dept
County File No. _____
Date Filed DEC 18 1953

APR 26 1954

OCT 21 1955

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 John F. Hummel Jr
Licensed Embalmer No. 3851
P. O. Address Charleston, W

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.