

No. 300
10.48

FILED APR 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8428

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, MO	
c. LENGTH OF STAY (In this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) DAVIDSON STR.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION X X			

3. NAME OF DECEASED (Type or Print) a. (First) SUSIE MAUD b. (Middle) BEDWELL c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 3-5-54		
5. SEX F /		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M /	
8. DATE OF BIRTH 12-18-1892		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY X X		11. BIRTHPLACE (State or foreign country) MITCHELL, ARKANSAS /	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME GEO. MITCHELL		13b. MOTHER'S MAIDEN NAME ANNIE TAYLOR		14. NAME OF HUSBAND OR WIFE S. O. BEDWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. O. BEDWELL, WEST PLAINS, MO	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 10 yrs. 10 yrs.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2-27, 1954, to 3-5, 1954, that I last saw the deceased alive on 3-5-54, 19, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. O. Calhoun M.D.</i>		23b. ADDRESS WEST PLAINS, Mo.		23c. DATE SIGNED 3/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) R		24b. DATE 3-7-54		24c. NAME OF CEMETERY OR CREMATORY MT. PIZGAH CEMETERY	
				24d. LOCATION (City, town, or county) (State) VIOLA, ARKANSAS	

DATE REC'D BY LOCAL REG. 3-31-54		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROBERTSONS, WEST PLAINS, MO.,	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

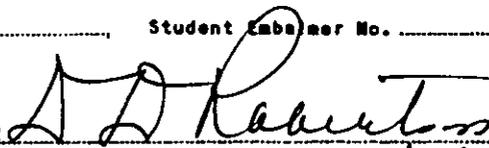
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3487

P. O. Address West Hill

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.