

No. 300  
10. 48

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

XC-1621 26 45  
RN-5819

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33159**  
Registrar's No. **534**

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>3007</b>		Registrar's No. <b>534</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>280 days</b>		c. CITY OR TOWN <b>Jackson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Route 2</b>			
3. NAME OF DECEASED (Type or Print) <b>MARVIN</b>		a. (First)		b. (Middle) <b>L.</b>		c. (Last) <b>BESS</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 26, 1954</b>	
8. DATE OF BIRTH <b>November 19, 1908</b>		9. AGE (In years last birthday) <b>46</b>		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) <b>Drag Line Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Greenbrier, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JOHN BESS</b>		13b. MOTHER'S MAIDEN NAME <b>MARY COLLINS</b>		14. NAME OF HUSBAND OR WIFE <b>MABLE L. BESS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b>		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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of rectum with wide spread metastasis into the pelvis &amp; abdomen.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		154x		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)			
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 <b>1-19, 1954</b> , to <b>10-26, 1954</b> , and that death occurred at <b>8:36a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. C. KIRKWOOD, M.D. Chief Surgical Ser.</b>				23b. ADDRESS <b>VA Hospital Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>10-26-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>10-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>JACKSON</b>		24d. LOCATION (City, town, or county) (State) <b>JACKSON, MO.</b>	
DATE REC'D BY LOCAL REG. <b>10/27/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Greer Croy &amp; Fitch, Poplar Bluff, MO</b>			

RECEIVED

Nov. ~~001~~ 2. 1954  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Philip A. Lenczel*

Licensed Embalmer No. *29*

P. O. Address *Payson, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.