

No. 300
10. 48

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 125

0020

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

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Douglas</u>	
b. CITY OR TOWN <u>Fairfax</u>		c. CITY OR TOWN <u>Omaha</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1616 Wirt</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Greer</u> b. (Middle) <u>Vohn</u> c. (Last) <u>Bedell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1954</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>Sept. 1, 1891</u>
9. AGE (in years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Labourer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Building Trade</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Decorah, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bedell</u>	
13b. MOTHER'S MAIDEN NAME <u>Hester Pauline Miller</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-22-5654</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bert Bedell</u>		ADDRESS <u>Langdon, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Chronic nephritis</u>		?	
DUE TO (c) <u>Carcinoma of liver</u>		?	
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"/>		<u>592X</u>	
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 <u>11/24</u> , 19 <u>54</u> , to <u>11/30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/30</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James L. Coffey, M.P.</u>		23b. ADDRESS <u>Fairfax, Mo.</u>	
23c. DATE SIGNED <u>12/1/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>		24b. DATE <u>12/3/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Near Fairfax Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 4, 1954</u>		REGISTRAR'S SIGNATURE <u>Therwin J. Schoeler</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schoeler</u>		ADDRESS <u>Craig, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

1160

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 *myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wilber L. Schoole*.....

Licensed Embalmer No. *399*.....

P. O. Address *Craig, M*.....

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.