

No. 300  
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FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25234**

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5043</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>SEDOWICK</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Highway 37, Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Wichita</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>About 1 1/2 miles S. of Seligman, Mo</u>				e. STREET ADDRESS (If rural, give location) <u>605 South Knigh #158</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gene</u>		b. (Middle) <u>HARRY</u>		c. (Last) <u>Bedgood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5<sup>th</sup> 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 19, 1923</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>16</u>		IF UNDER 28 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sand Blaster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parsons, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ernest Bedgood</u>		13b. MOTHER'S MAIDEN NAME <u>ORA Potts</u>		14. NAME OF HUSBAND OR WIFE <u>Katharine Bedgood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-20-3703</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Katharine Bedgood</u> ADDRESS <u>Wichita</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion; - Severe head &amp; neck injuries.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Accidental motorcycle crash</u>			
		DUE TO (c)					
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) <u>Accidental on Hwy. 37 near Seligman Seligman Barry Co. Mo.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wichita Sedowick Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u># 8 - 5 - 1955 11:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Motor Cycle accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Aug 5</u> , 19 <u>55</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. R. Brown</u> (Degree or title)				23b. ADDRESS <u>Seligman Mo</u>		23c. DATE SIGNED <u>8/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>8-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-6-55</u>		REGISTRAR'S SIGNATURE <u>Mary McDonald</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Wilham</u> ADDRESS <u>Cassville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 855-310

DATE REC. 8-13-55

SEP 1 1955

AUG 31 1955

AUG 19 1955

FEB 20 1956

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 Maes, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Laymond A. Davis

Licensed Embalmer No. 342

P. O. Address Cassville

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.