

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1956

State File No.

Registrar's No. *1890*

BIRTH NO. _____ REG. DIST. NO. *11* PRIMARY REG. DIST. NO. *4024*

1. PLACE OF DEATH a. COUNTY <i>BARRY</i>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>BARRY</i>	
b. CITY (If outside corporate limits, write RURAL, and give town) <i>Cassville</i>	c. LENGTH OF STAY (in this place) <i>1 day</i>	c. CITY OR TOWN <i>Seligman</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cassville Community Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>Rt. 2 - 7 mi S-E of Cassville</i>	

3. NAME OF DECEASED a. (First) <i>Ernest</i>	b. (Middle) <i>Eugene</i>	c. (Last) <i>Bedgood</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>JAN 13 1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>MAY-30-1889</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>13</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Machine Shops</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>HARRY E. Bedgood</i>	13b. MOTHER'S MAIDEN NAME <i>CORA JACKSON</i>	14. NAME OF HUSBAND OR WIFE <i>ORA (Potts) Bedgood</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>486-24-0004</i>	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS <i>Oral Bedgood Seligman</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Dissecting aneurysm of aorta</i>		INTERVAL BETWEEN ONSET AND DEATH <i>17 hours</i>
	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. <i>451x</i>		

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 *Jan 12, 1956*, to *Jan 13, 1956*, that I last saw the deceased alive on *Jan 13, 1956*, and that death occurred at *4:30 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Arthur A. Hirsch, M.D.</i>	23b. ADDRESS <i>Cassville, Mo.</i>	23c. DATE SIGNED <i>Jan 13, 1956</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>JAN 13 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Washington Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>
DATE REC'D BY LOCAL REG. <i>1-13-56</i>	REGISTRAR'S SIGNATURE <i>Mary McDonald</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>David Williamson Cassville, Mo.</i>	

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

0500

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 156-12

DATE REC. 1-26-56

953

MAILED
JAN 27 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 Myself, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Robert E. Williamson

Licensed Embalmer No. 4883

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.