

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3786

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>514</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Bollinger</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Sturdivant</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Sturdivant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Wayne</u>				STREET ADDRESS (If rural, give location) <u>Rural Wayne Twp.</u>			
3. NAME OF DECEASED		a. (First) <u>Daniel</u>		b. (Middle) <u>Peter</u>		c. (Last) <u>Bess</u>	
(Type or Print)		4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>9</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>30</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sturdivant Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Bess</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Strong</u>		14. NAME OF HUSBAND OR WIFE <u>Philip Bess</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John F. Shront, Sturdivant, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility & Chronic Hypertension</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		As for 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 1955, to <u>Feb 9</u> , 1956, that I last saw the deceased alive on <u>Feb 8</u> , 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E.C. Mester</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>ADVANCE, MO.</u>		23c. DATE SIGNED <u>Feb. 17, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brunn Inn</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-29-56</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Maryne, Advance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Maryne, Advance</u>			
(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4640

P. O. Address Adman,

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.