

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14215

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Champaign</b>			
b. CITY (If outside corporate limits, write RURAL and give town or town <b>Rolla</b> )		c. LENGTH OF STAY (in this place) <b>6 weeks</b>		c. CITY OR TOWN <b>Champaign</b>		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 <b>48 Great Oaks</b>				STREET ADDRESS (If rural, give location) <b>111 East Harly st., 81208</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Burton</b>		b. (Middle) <b>O.</b>		c. (Last) <b>Bestor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-4-1980</b>		9. AGE (In years last birthday) <b>75</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>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Piano Retail Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Robert Bestor</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie Hubbard</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>390-05-9652</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Betty Tiffin (Daughter) Rolla, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Disease</b>  DUE TO (c) <b>Low Back Disc Syndrome</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>10 Min.</b>  <b>10-15 yrs.</b>  <b>2 days</b>	
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)		21f. HOW DID INJURY OCCUR?	
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"/>		4201			
22. I hereby certify that I attended the deceased from <b>8 APR, 1956</b> , to <b>10 APR, 1956</b> , that I last saw the deceased alive on <b>8 APR, 1956</b> , and that death occurred at <b>11:45 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>R.H. Giam</b> (Degree or title) <b>MD.</b>				23b. ADDRESS <b>Rolla, Mo.</b>		23c. DATE SIGNED <b>4-11-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-11-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaCross, Wisconsin</b>		
DATE REC'D BY LOCAL REG. <b>Apr. 11, 1956</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1100 Elm, Rolla, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED

Phelps County Health Officer,

County File Number 388

Date Filed APR 18 1956

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

Student.....  
Signature of Student Embalmer

Signed..... Carl J. Glenn .....

Licensed Embalmer No. 4707

P. O. Address... Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.