

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 8 1956

State File No. **16003**

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE 0371</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>			
b. CITY OR TOWN <u>HERMANN</u>		c. LENGTH OF STAY (In this place) <u>11425</u>		c. CITY OR TOWN <u>HERMANN</u>		d. Residence within limits of a city or incorporated town? Yes ☒ No ☐ <u>0371</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>210 W. FIFTH</u>				e. STREET ADDRESS (If rural, give location) <u>210 W. FIFTH</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTAVE</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>BEZOLD</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 28 1956</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>FEB-7-1885</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McKITTRICK Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>HERMAN BEZOLD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY RUEFF</u>		14. NAME OF HUSBAND OR WIFE <u>ALVA BEZOLD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>72-14-8712</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ALVA BEZOLD HERMANN 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>15 yrs</u>							
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) <u>4201</u>			
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 <u>7-23, 1955</u> to <u>5-28, 1956</u> , that I last saw the deceased alive on <u>5-27, 1956</u> , and that death occurred at <u>4:50 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>				23b. ADDRESS <u>HERMANN, Mo</u>		23c. DATE SIGNED <u>5-29-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BEZOLD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McKITTRICK Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-30-56</u>		REGISTRAR'S SIGNATURE <u>Delma Herken</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugost Deumer</u>		ADDRESS <u>HERMANN Mo</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. 255

P. O. Address.....

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.