

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19864

State File No. ....

|                                                                                                                                                                                                                                                                                       |  |                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                                                        |  | REG. DIST. NO. <u>8</u>                                                                                         |  | PRIMARY REG. DIST. NO. <u>4089</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Registrar's No. <u>25</u>                                                                                              |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Carter</u>                                                                                                                                                                                                                                          |  |                                                                                                                 |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                        |  |
| b. CITY OR TOWN <u>Grandin</u>                                                                                                                                                                                                                                                        |  | c. LENGTH OF STAY (in this place) <u>50 yrs</u>                                                                 |  | c. CITY OR TOWN <u>Grandin</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bell Rest Home</u>                                                                                                                                                                                                                         |  |                                                                                                                 |  | e. STREET ADDRESS (If rural, give location) <u>0180</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                        |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Allen</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Bedell</u>                                                                                                                                                                                     |  |                                                                                                                 |  | 4. DATE OF DEATH (Month) <u>July</u> (Day) <u>1</u> (Year) <u>1956</u>                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                        |  |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                                                       |  | 6. COLOR OR RACE <u>W</u>                                                                                       |  | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>                                                                                                                                                                                                                                                                                                                                                                                                                |  | 8. DATE OF BIRTH <u>Dec 24 1868</u>                                                                                    |  |
| 9. AGE (in years, last birthday) <u>87</u>                                                                                                                                                                                                                                            |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>general store</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield Mo. U.S.A.</u>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                                                             |  |
| 13a. FATHER'S NAME <u>A.L. Bedell</u>                                                                                                                                                                                                                                                 |  | 13b. MOTHER'S MAIDEN NAME <u>Lara Newell</u>                                                                    |  | 13c. NAME OF HUSBAND OR WIFE <u>Zella Bedell</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                                                                           |  | 16. SOCIAL SECURITY NO. <u>no</u>                                                                               |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Carl Bedell</u> ADDRESS <u>Lynden Wash.</u>                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                        |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                         |  |                                                                                                                 |  | MEDICAL CERTIFICATION<br>19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral hemorrhage</u><br>DUE TO (c) _____<br>20. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |                                                                                                                        |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                |  | 331X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 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 <u>5-1</u> , 19 <u>56</u> , to <u>July 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>July 25</u> , 19 <u>56</u> , and that death occurred at <u>5:00 A</u> m., from the causes and on the date stated above. |  |                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                        |  |
| 23a. SIGNATURE (Deceased or title) <u>Dr. Henschel M. S.</u>                                                                                                                                                                                                                          |  |                                                                                                                 |  | 23b. ADDRESS <u>Poplar Bluff Mo</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 23c. DATE SIGNED <u>7-6-56</u>                                                                                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                               |  | 24b. DATE <u>7-5-56</u>                                                                                         |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Grandin Cemetery</u>                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 24d. LOCATION (City, town, or county) (State) <u>Grandin Mo.</u>                                                       |  |
| DATE REC'D BY LOCAL REG. <u>July 9-56</u>                                                                                                                                                                                                                                             |  | REGISTRAR'S SIGNATURE <u>Mrs. Oeta Newson</u>                                                                   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Jewett</u>                                                                                                                                                                                                                                                                                                                                                                                                                               |  | ADDRESS <u>Van Buren 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 \_\_\_\_\_

*Seaton Perwith*

Licensed Embalmer No. \_\_\_\_\_

228

P. O. Address \_\_\_\_\_

*Van Bu*

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