

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30284

State File No. ....

FILED SEP 18 1956

REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY <b>Dent County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Salem, Missouri</b>		c. LENGTH OF STAY (in this place) <b>4 yr.</b>	c. CITY OR TOWN <b>Salem, Missouri</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Knox Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew Franklin</b> b. (Middle) <b>Bedwell</b> c. (Last) <b>Bedwell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 18, 1883</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Shannon Co. Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Tom Bedwell</b>		13b. MOTHER'S MAIDEN NAME <b>Dicia Summers</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Myrtle Asbridge</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eunice Stone</b> ADDRESS <b>St. Louis, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis with severe hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Cardio-valvular disease and renal insufficiency</b> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR? <b>331X</b>	
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 <b>19 54</b> to <b>Sept. 12 19 56</b> that I last saw the deceased alive on <b>Sept 12, 19 56</b> and that death occurred at <b>7:15a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph L. Burnett</b> (Degree or title) <b>Dr.</b>		23b. ADDRESS <b>Salem, Mo.</b>	
23c. DATE SIGNED <b>9/14/56</b>		24. LOCATION (City, town, or county) (State)	
24a. BURIAL CREMATION/REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 14, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Forest Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Dent County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>9-14-56</b>	REGISTRAR'S SIGNATURE <b>R. E. Ditchell, Jr.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James S. ...</b> ADDRESS	

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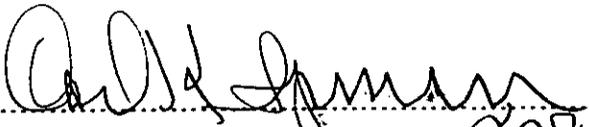
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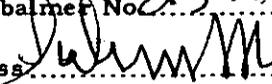
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 2370

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.