

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7426

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		c. CITY OR TOWN Kirksville 0013		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 311 N. Franklin St.			Length of stay in lb	d. STREET ADDRESS 311 N. Franklin St.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ella Besanko				4. DATE OF DEATH Month Day Year Mar. 24, 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 20, 1865		9. AGE (In years last birthday) 91 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Terre Haute, Indiana 8/30		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David Osborn				14. MOTHER'S MAIDEN NAME Caroline Henderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Albert Sullivan, Kirksville, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis and Terminal Pneumonia Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Advanced Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH Hours Days Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3-23-57 to 3-24-57 and last saw her alive on 3-24-57 Death occurred at 12:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ella Besanko (Degree or title)				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 3/26/57	
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Burial		3/26/57	Bear Creek Cemetery		Adair County, Mo.		
24. FUNERAL DIRECTOR Paul M. Tiley ADDRESS Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 3-27-1957		26. REGISTRAR'S SIGNATURE Doris W. Patliff	

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 Richard R. Ellis, Student Embalmer No. 542
working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davest
Licensed Embalmer No. 41

P. O. Address Kirkman

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.