

FILED MAR 20 1957

STANDARD CERTIFICATE OF DEATH

State File No. 9470

BIRTH NO. REG. DIST. NO. 4248 PRIMARY REG. DIST. NO. 233 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Wellsville		c. CITY OR TOWN Wellsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10 years		f. STREET ADDRESS (If rural, give location) 208 Sturgeon 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 Sturgeon		g. ADDRESS 208 Sturgeon 0	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) DANIEL c. (Last) BESHEARS	4. DATE OF DEATH (Month) (Day) (Year) Mar. 7 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 31 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Audrain County Mo	12. CITIZENSHIP OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Don't know	13b. MOTHER'S MAIDEN NAME Don't know,	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, also give nature of service) no	16. SOCIAL SECURITY NO. 519-07-3679A	17. INFORMANT'S SIGNATURE OR NAME Mr. Walter Morris Wellsville Mo	ADDRESS 331X
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio. sclerosis DUE TO (c) arterial hypertension		Several years
II. OTHER SIGNIFICANT CONDITIONS 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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 **5-2-56**, 19**56**, to **3/7**, 19**57**, that I last saw the deceased alive on **3/2**, 19**57**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. England (Degree or title)	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED 3/1/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/9/57	24c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery	24d. LOCATION (City, town, or county) (State) New Florence, Missouri
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DATE REC'D BY LOCAL REG. 3-13-57	REGISTRAR'S SIGNATURE Gertrude Roman	25. FUNERAL DIRECTOR'S SIGNATURE A. B. Wells	ADDRESS Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 2 1959

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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 *A. B. Kells*

Licensed Embalmer No. *1588*

P. O. Address *Kelleville*

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.