

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20421

STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 80

300-5719

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY CLAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty | | c. CITY OR TOWN Liberty | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Odd Fellows Home | | d. STREET ADDRESS (If outside, give location) 100 F HOME 160 | |
| Length of stay in lb 1 yr | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CORNELIA F. BESOM | | | 4. DATE OF DEATH Month Day Year 6 25 1957 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 19, 1877 |
| 9. AGE (In years last birthday) 79 | | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Maryville, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Thomas Cortwright | |
| 13b. MOTHER'S MAIDEN NAME J Elizabeth Walker | | 14. NAME OF HUSBAND OR WIFE John H. Besom | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | |
| 17. INFORMANT Mr. Wm. F. Ayres, 3417 Spruce | | Address K.C. 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) Thrombolouclasis Cerebral Haemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis } DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 yrs ago |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 381 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 WORK <input type="checkbox"/> 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 1956 to 1957 and last saw her alive on June 25 57 . Death occurred at 8 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Wm. F. Ayres | | 22b. ADDRESS Liberty Mo | |
| 22c. DATE SIGNED 6/27/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-27-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri | |
| 24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F. H. | | 25. DATE RECD. BY LOCAL REG. 6-28-57 | |
| ADDRESS 1800 E. Linwood, K. C., Mo. | | 26. REGISTRAR'S SIGNATURE Mabel [Signature] | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

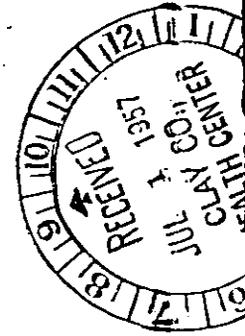
all entries in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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1952

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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 *John Lumberg*

Licensed Embalmer No. *4448*
 P. O. Address *Liberty mo*

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.

Handwritten scribbles and signatures at the bottom left of the page.