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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

<div> <div>FILED AUG 20 1957</div> <div> <div>THE DIVISION OF HEALTH OF MISSOURI</div> <div>STANDARD CERTIFICATE OF DEATH</div> </div> <div> <div>288336</div> <div>STATE FILE NUMBER</div> </div> </div>	
<div> <div>Registration District No. <u>230</u></div> <div>Primary Registration District No. <u>5810</u></div> <div>Registrar's No. <u>7</u></div> </div>	
<div> <div>1. PLACE OF DEATH</div> <div> <div>a. COUNTY <u>MONTGOMERY</u></div> <div> <div>b. CITY (If outside corporate limits, give TOWNSHIP only)</div> <div> <div>OR TOWN <u>LOUTRE TWP.</u></div> <div>Inside Limits</div> <div>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> </div> </div> </div> </div>	
<div> <div>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</div> <div> <div>a. STATE <u>Mo</u></div> <div> <div>b. COUNTY <u>MONTGOMERY</u></div> <div>Inside Limits</div> <div>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> </div> </div> </div>	
<div> <div>c. FULL NAME OF (If NOT in hospital, give location)</div> <div> <div>HOSPITAL OR INSTITUTION <u>1/4 N. of McKittrick</u></div> <div>Length of stay in lb <u>90 yrs</u></div> </div> </div>	
<div> <div>d. STREET ADDRESS (If outside, give location)</div> <div> <div><u>1/4 N. of McKittrick</u></div> <div>Reside on Farm</div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> </div> </div>	
<div> <div>3. NAME OF DECEASED (Type or print)</div> <div> <div>First <u>WILLIAM</u></div> <div>Middle <u>FREDRICK</u></div> <div>Last <u>BEZOLD</u></div> </div> </div>	
<div> <div>4. DATE OF DEATH</div> <div> <div>Month <u>AUG</u></div> <div>Day <u>15</u></div> <div>Year <u>1957</u></div> </div> </div>	
<div> <div>5. SEX <u>MALE</u></div> <div>6. COLOR OR RACE <u>WHITE</u></div> <div>7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/></div> <div> <div>WIDOWED <input checked="" type="checkbox"/></div> <div>DIVORCED <input type="checkbox"/></div> </div> </div>	
<div> <div>8. DATE OF BIRTH <u>APRIL 3-1866</u></div> <div>9. AGE (In years last birthday) <u>91</u></div> <div> <div>IF UNDER 1 YEAR</div> <div>Months</div> <div>Days</div> <div>Hours</div> <div>Min.</div> </div> </div>	
<div> <div>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</div> <div> <div><u>FARMER</u></div> <div>10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u></div> </div> </div>	
<div> <div>11. BIRTHPLACE (City and state or country)</div> <div> <div><u>BURLINGTON, IOWA</u></div> <div>12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u></div> </div> </div>	
<div> <div>13a. FATHER'S NAME <u>GOTTLIEB BEZOLD</u></div> <div>13b. MOTHER'S MAIDEN NAME <u>PAULINE BIEDERMAN</u></div> <div>14. NAME OF HUSBAND OR WIFE <u>IDA MAY RITTER</u></div> </div>	
<div> <div>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</div> <div> <div><u>NO</u></div> <div>16. SOCIAL SECURITY NO. <u>None</u></div> <div>17. INFORMANT Address <u>MRS ELMA BEHRENS McKittrick Mo</u></div> </div> </div>	
<div> <div>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</div> <div> <div>PART I. DEATH WAS CAUSED BY:</div> <div> <div>IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u></div> <div>Interval between ONSET and DEATH <u>5 yrs</u></div> </div> </div> </div>	
<div> <div>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</div> <div> <div>DUE TO (b) _____</div> <div>DUE TO (c) _____</div> </div> </div>	
<div> <div>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)</div> <div> <div><u>4200</u></div> <div>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></div> </div> </div>	
<div> <div>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></div> <div>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</div> </div>	
<div> <div>20c. TIME OF INJURY</div> <div> <div>Hour _____</div> <div>Month, Day, Year _____</div> <div>a.m. _____</div> <div>p.m. _____</div> </div> </div>	
<div> <div>20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></div> <div>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</div> <div>20f. CITY, TOWN, OR LOCATION</div> <div>COUNTY _____ STATE _____</div> </div>	
<div> <div>21. I attended the deceased from <u>5-29-58</u> to <u>8-15-57</u> and last saw him alive on <u>8-12-57</u></div> <div>Death occurred at <u>1142 N.</u> on the date stated above; and to the best of my knowledge, from the causes stated.</div> </div>	
<div> <div>22a. SIGNATURE (Degree or title)</div> <div> <div><u>Georg M. Workman M.D.</u></div> <div>22b. ADDRESS <u>HERMANN, MO</u></div> <div>22c. DATE SIGNED <u>8-15-57</u></div> </div> </div>	
<div> <div>23a. BURIAL, CREMATION, REMOVAL (Specify)</div> <div> <div><u>BURIAL</u></div> <div>23b. DATE <u>8/18/57</u></div> <div>23c. NAME OF CEMETERY OR CREMATORY <u>BEZOLD Family Cemetery</u></div> <div>23d. LOCATION (City, town, or county) <u>McKittrick, Mo</u></div> <div>(State) _____</div> </div> </div>	
<div> <div>24. FUNERAL DIRECTOR</div> <div> <div><u>HUGO H. BLUMER</u></div> <div>25. DATE RECD. BY LOCAL REG. <u>August 17, 1957</u></div> <div>26. REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u></div> </div> </div>	

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 *Kenneth H. Quinn*

Licensed Embalmer No. *3160*

P. O. Address *Herrmann 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.