

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1889

State File No.

FILED JAN 22 1958

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4291 Registrar's No. 59

0570

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Monroe</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Old Monroe</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		<input type="checkbox"/> STREET ADDRESS (If rural, give location) 0570	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>BESSELMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1958</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 2, 1882</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Big. & Bldg. Foreman-retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Besselman</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Koenig</u>	14. NAME OF HUSBAND OR WIFE <u>Anna (Diekmeyer) Besselman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>IA 352971</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Besselman - Old Monroe, Mo.</u>	ADDRESS
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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, asthenia, 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) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
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? <u>2</u> 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) <u>332X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1954, to Jan 10, 1958, that I last saw the deceased alive on Jan 10, 1958, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold C. Mangold Do.</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>O'Fallon Mo</u>	23c. DATE SIGNED <u>Jan 13, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 13, 1958</u>	24c. NAME OF CEMETERY <u>Immaculate Conc.</u>	24d. LOCATION (City, town, or county) (State) <u>RFD Old Monroe, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 17 1958</u>	REGISTRAR'S SIGNATURE <u>Walt S. Schoenhein</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Ricks - Elsberry, Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1958

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 *[Handwritten Signature]*.....

Licensed Embalmer No. 4012

P. O. Address *[Handwritten: Elsberry]*.....

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.