

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031782

STATE FILE NUMBER

1024

FILED OCT 6 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Joseph</b>		c. CITY OR TOWN <b>Bolckow</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Mo. Meth. Hospital</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED First <b>LEWIS</b> Middle Last <b>BEDFORD</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>12</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 8, 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	9. AGE (In years last birthday) <b>77</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <b>Andrew County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George E. Bedford</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ellen Merritt</b>	
14. NAME OF HUSBAND OR WIFE <b>Margaret E. Bedford</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no none</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Joe Bedford, Los Angeles, California</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dislocation, Cervical Vertebra</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>c̄ total paralysis below neck</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
DUE TO (c) <b>9021 3</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e).			
20a. ACCIDENT <input checked="" 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.) <b>patient fell out of a tree</b>	
20c. TIME OF INJURY <b>4 p.m. 9/11/58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>	
20e. CITY, TOWN, OR LOCATION <b>Bolckow</b>		20f. COUNTY STATE <b>Andrew Mo.</b>	
21. I attended the deceased from <b>9/11/58</b> to <b>9/12/58</b> and last saw her/him alive on <b>9/12/58</b> Death occurred at <b>9:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>420 N. 8th St., St. Joseph, Mo.</b>	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Sept. 12, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bolckow Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bolckow Missouri</b>	
24. FUNERAL DIRECTOR <b>Breit Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 29, 1958</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 61 NOV

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 *James H. Sawkins* .....

Licensed Embalmer No. *4536* .....

P. O. Address *Savannah* .....

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.