

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036193

STATE FILE NUMBER

FILED OCT 22 1958

Registration District No.

140

Primary Registration District No.

3024

Registrar's No.

80

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|---|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Howard | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | | c. CITY OR TOWN Fayette | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lee Hospital | | | d. STREET ADDRESS (If outside, give location) 045 S. Main St. | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last THOMAS PAYNE BEDFORD | | | 4. DATE OF DEATH Month Day Year Sept. 21, 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 26, 1880 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 78 Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during last 12 months) Electrical Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY Self Employed | | 11. BIRTHPLACE (City and state or country) Fayette, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Edwin Walton Bedford | | 13b. MOTHER'S MAIDEN NAME Nora Payne | |
| 14. NAME OF HUSBAND OR WIFE Blanche McCoy | | 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. | |
| 17. INFORMANT 928 Maple Ave. Mrs Joanne Bedford St Louis, 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) Malignant Pt. Kidney DUE TO (b) _____ DUE TO (c) 180X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) non functioning pt. Kidney - Histologic | | INTERVAL BETWEEN ONSET AND DEATH 16 mos. | |
| 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.) 180X | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Death occurred at June 23, 1957 to Sept 21, 58 and last saw him alive on Sept 21 - 1958 m of the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE Wm G. Shaw, MD | | 22b. ADDRESS Fayette, Mo. | | 22c. DATE SIGNED 9-23-58 | |
| 23a. BURIAL, CREMATION, REMAINS (Specify) Burial | | 23b. DATE 9/23/58 | | 23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Fayette, Missouri | | 24. FUNERAL DIRECTOR ADDRESS Fayette, Mo | | | |
| 25. DATE RECD. BY LOCAL REG. 9-23-58 | | 26. REGISTRAR'S SIGNATURE Mary K. Shell | | | |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 22 1958

DEC 13 1958

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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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ralph A. Carr*

Licensed Embalmer No. *3340*

P. O. Address *Fayette, 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.