

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039306
State File No.

FILED NOV 17 1958

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 325

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. CITY OR TOWN <u>Tipton</u> <u>0680</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>two days</u>		e. STREET ADDRESS (If rural, give location) <u>East Morgan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still Osteopathic Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u>		b. (Middle) <u>LEE</u>	
c. (Last) <u>BESTGEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 6th 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 29th 1935</u>
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Anton Latham</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bushanen</u>	
14. NAME OF HUSBAND OR WIFE <u>Boniface Bestgen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Boniface Bestgen, Tipton, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>490X</u>		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/5, 1958</u> , to <u>11/6, 1958</u> , that I last saw the deceased alive on <u>11/6, 1958</u> , and that death occurred at <u>2:22 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. C. Michael D.O.</u>		23b. ADDRESS <u>Jefferson City</u>	
23c. DATE SIGNED <u>11/6/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Andrew Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8 Nov 1958</u>		REGISTRAR'S SIGNATURE <u>R. P. Norris, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Freeman, D.C.M.</u>		ADDRESS <u>St. Louis</u>	

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

Jewell E. Richards
Licensed Embalmer # 2466
Signed *Arnold P. Freeman*

Licensed Embalmer No. 462

P. O. Address *Omaha*

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.