

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017521

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 140

Primary Registration District No. 3024

Registrar's No. 43

300
-57

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 Fayette		Inside Limits Yes ☒ No ☐	c. CITY OR Fayette		Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Lee Hospital		Length of stay in lb 4 da.	d. STREET (If outside, give location) ADDRESS Hackberry Street		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First ERNEST Middle -- Last BESGROVE			4. DATE OF DEATH Month May Day 14 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb. 27, 1876		9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 24 HRS. Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Farmer		10b. KIND OF BUSINESS OR Own Farm		11. BIRTHPLACE (City and state or country) Bridgewater Summershire England USA	
13a. FATHER'S NAME William Besgrove		13b. MOTHER'S MAIDEN NAME Elizabeth Stier		14. NAME OF HUSBAND OR WIFE Minnie Ora Kenep	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If No give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Tom Owens Address Armstrong, 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) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic glomerulonephritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 6.000					INTERVAL BETWEEN ONSET AND DEATH 3 weeks unknown
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK		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 Feb 1 1959 to May 14 1959 and last saw her alive on May 14 1959 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Marion J. Jones</i> (Degree or title) MD		22b. ADDRESS Fayette, Mo		22c. DATE SIGNED 5-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/16/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Fayette, Missouri	
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 5-15-59		26. REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6961 3 2 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, ~~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

Jayette M.

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.