

FILED MAY 22 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH59-018945
State File No.

Registrar's No. 2 4504

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2 4504	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) West Walnut			
3. NAME OF DECEASED (Type or Print) a. (First) Urban		b. (Middle) Joseph		c. (Last) Bestgen		4. DATE OF DEATH (Month) (Day) (Year) 5 - 6 - 59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 7, 1896		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Cooper Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Andrew Bestgen			13b. MOTHER'S MAIDEN NAME Ella Class		14. NAME OF HUSBAND OR WIFE Helen Bestgen		
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Helen Bestgen, Tipton, Mo.		ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> <i>acute myocardial infarction</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) <i>420.0</i>					INTERVAL BETWEEN ONSET AND DEATH <i>10 Days</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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) (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 <i>4-26-1959</i> , to <i>5-6-1959</i> , that I last saw the deceased alive on <i>5-6-1959</i> , and that death occurred at <i>8:30 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Earl L. Loye M.D.</i> (Degree or title)				23b. ADDRESS <i>Jeff. City, Mo.</i>		23c. DATE SIGNED <i>5-7-59</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>5-9-59</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Andrews Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Tipton, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>MAY 7 '59</i>		REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd.</i>			

VS MAY 22 1959

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
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address. St. Louis, 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 this body is not embalmed, fact should be so stated above.