

n. Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020718  
STATE FILE NUMBER

FILED JUL 9 1959

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 80

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Liberty
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 418 Morse		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 600 418 Morse
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Maude Florence Bedinger			4. DATE OF DEATH Month Day Year June 23, 1959		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1896	9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Macon, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Snider	13b. MOTHER'S MAIDEN NAME Susie Reed	14. NAME OF HUSBAND OR WIFE J. F. Bedinger
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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 George Bedinger	Address Liberty, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart Disease</i>		<i>10 years</i>
	DUE TO (c) <i>Hypertension</i>		<i>10 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from <i>1954</i> to <i>June 23, 1959</i> and last saw her alive on <i>June 23, 1959</i> Death occurred at <i>8 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>James H. Shillington MD</i>	(Degree or title)	22b. ADDRESS <i>Liberty, Mo.</i>	22c. DATE SIGNED <i>6-26-59</i>
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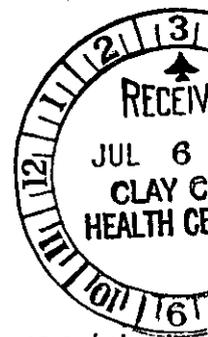
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>6-25-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fairview Cemetery</i>	23d. LOCATION (City, town, or county) <i>Liberty, Missouri</i>	(State)
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24. FUNERAL DIRECTOR <i>Tyler-Pasley</i>	ADDRESS <i>Liberty, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>6-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Maebel Graham</i>
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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



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 *John Pease* .....

Licensed Embalmer No. *4308* .....

P. O. Address *Liberty 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.