

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023943

STATE FILE NUMBER

FILED JUN 18 1959 Registration District No. 369 Primary Registration District No. 6249 Registrar's No. 7

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Piedmont</b>		c. CITY OR TOWN <b>Piedmont</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <b>Carl</b> Middle <b>Brine</b> Last <b>Bearden</b>			4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1959</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 25, 1908</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>	11. BIRTHPLACE (City and state or country) <b>Near Piedmont, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>DAVID Ray Bearden</b>	13b. MOTHER'S MAIDEN NAME <b>Lula Eaton</b>	14. NAME OF HUSBAND OR WIFE <b>Gladys BABB Bearden</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Gladys Bearden</b> Address <b>Piedmont, Mo.</b>
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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) <b>Sarcoma in intestine</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1539</b>
DUE TO (b) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>4/25/59</b> to <b>6/3/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>6/3/59</b> Death occurred at <b>12:30 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>W.H. Hume MD</b>	22b. ADDRESS <b>Piedmont, Mo</b>	22c. DATE SIGNED <b>6/12/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EATON Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Near Piedmont, Mo.</b>
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24. FUNERAL DIRECTOR <b>Norman H. Fish Piedmont, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>6/12/59</b>	26. REGISTRAR'S SIGNATURE <b>Sheila Loulae</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FILE NO. \_\_\_\_\_  
STATE COLLEGE HEALTH CENTER

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 me....., Student Embalmer No. 4426 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bunkles.....

Licensed Embalmer No. 4426  
P. O. Address Redmont, Va.....

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.