RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033486

STATE FILE NUMBER

FILED VS OCT 13 1959

Registration District No. 316 Primary Registration District No. — Registrar's No. 380

DED

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. — Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Memorial Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Farmington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RR 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Frederick Middle: H Last: Best

4. DATE OF DEATH Month Day Year: Oct. 5, 1959

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-12-1867
9. AGE (last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (City and state or country): Iron Mtn. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Carl Best
13b. MOTHER'S MAIDEN NAME: Mary Rauch
14. NAME OF HUSBAND OR WIFE: Mary Morgan Best

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.: None
17. INFORMANT Address: Fred M. Best, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive circulatory failure	1 wk
DUE TO (b)	Prolonged recumbency with gangrenous ulcers of both ankles	20 yrs
DUE TO (c)	Arteriosclerosis	yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Old Age

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 WORK ☐ NOT WHILE 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 8-27-59, to 10-5-59 and last saw her/him alive on 10-5-59
Death occurred at 7:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Newdigate, D.O.
22b. ADDRESS: Farmington, Mo.
22c. DATE SIGNED: 10-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-8-1959
23c. NAME OF CEMETERY OR CREMATORY: Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Farmington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Miller Funeral Home, Farmington, Mo
25. DATE RECD. BY LOCAL REG.: Oct. 7, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.