

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039411**

FILED VS DEC 7 1959 77

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 3016 Registrar's No. 335

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in 1b <u>1 month</u>	c. CITY OR TOWN <u>Washington Township</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>Freeburg, Mo, R #1</u>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Henry</u>	First	Middle <u>Elias</u>	Last <u>Bexten</u>	4. DATE OF DEATH <u>Dec 2 1959</u>	Month	Day	Year
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 5 1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>76</u> Days	IF UNDER 24 HR Hours <u>76</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country) <u>Osage Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Bexten</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Bagley</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Struempff Bexten</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Alfred Bexten</u>	Address <u>Freeburg, Mo</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Myocardial infarction</u>	<u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arteriosclerosis</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 Nov 10 - 25 to Dec 2 / 59 and last saw him Dec 2 / 59  
Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Dean Dwyler</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Jefferson City, Mo</u>	22c. DATE SIGNED <u>12-2-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec 5 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Buried Heart</u>	23d. LOCATION (City, town, or county) (State) <u>Richlountain, Mo</u>
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24. FUNERAL DIRECTOR <u>Clyde Morton</u>	ADDRESS <u>Lincoln Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2 December 1959</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Dorrin M.D. - Richter</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 21 1980

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Minton

Licensed Embalmer No. 412

P. O. Address Lynn

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.