URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-040497
STATE FILE NUMBER

ENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 532

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 30 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 819 South Main — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Oak Grove — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Cora Middle: B Last: Bedsaul
4. DATE OF DEATH Month: Nov Day: 23 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 20 1878
9. AGE (last birthday): 81
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Bates City Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Addison Philpott
13b. MOTHER'S MAIDEN NAME: Ellen Catlin
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frances Bedsaul Address: Oak Grove Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (1) Arteria Sclerosis Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (2) Fracture - intertrochanteric right Hip — 60 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
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: 9-21-59 —
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.): Home
20f. CITY, TOWN, OR LOCATION: Oak Grove, Mo COUNTY: (Jackson) STATE:

21. I attended the deceased from 9-21-59, to 11/29/59 and last saw her/him alive on 11/16/59
Death occurred at 7:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: Oak Grove Mo
22c. DATE SIGNED: 11/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov 26 1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem
23d. LOCATION (City, town, or county): Oak Grove (State): Mo
24. FUNERAL DIRECTOR: Webb Funeral Home ADDRESS: Oak Grove, Mo
25. DATE RECD. BY LOCAL REG.: 11-26-59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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 _____ Signed William Freer

Signature of Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.