

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030007

FILED VS. AUG 16 1960

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 274

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY COLE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COOPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in lb 10 DAYS		c. CITY OR TOWN BUNCETON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 3, 7 mi. N.W. TIPTON		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GEORGE Middle JOSEPH Last BESTGEN				4. DATE OF DEATH Month AUGUST Day 6 Year 1960				
5. SEX MALE	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 FEB. 28, 1893	9. AGE (last birthday) 67	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 & STOCKMAN			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) COOPER COUNTY, MO. U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME ANDREW J. BESTGEN			13b. MOTHER'S MAIDEN NAME ELLA CLASS		14. NAME OF HUSBAND OR WIFE ADELIA DUEBER			
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 MRS. ADELIA BESTGEN, R.F.D. BUNCETON				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis & renal failure due to medow 2 yrs. DUE TO (b) prostatic lobe enlargement DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH		
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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
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	
21. I attended the deceased from 7/26/60 to 8/6/60 and last saw her alive on 8/6/60 Death occurred at 7:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ernest D. Suporbaker, M.D.				22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED 8/6/60		
23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUGUST 8, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. ANDREW'S CEMETERY		23d. LOCATION (City, town, or county) (State) TIPTON, MO.				
24. FUNERAL DIRECTOR RICHARD D. CONN - TIPTON, MO			25. DATE RECD. BY LOCAL REG. 7- August 1960		26. REGISTRAR'S SIGNATURE R.P. Morris M.D. - Tipton, Dep.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS AUG 16 1960

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Jupiter, 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.