URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-031573

STATE FILE NUMBER

FILED VS AUG 24 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 157

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla — Length of stay in 1b 10 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 408 East 5th St., — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Rolla — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 408 East 5th St., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HANNAH Middle ELIZABETH Last BEDDOE

4. DATE OF DEATH Month Aug. Day 14 Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-29-85
9. AGE (last birthday) 75 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Francis M. Wiley
13b. MOTHER'S MAIDEN NAME Mary
14. NAME OF HUSBAND OR WIFE William W. Beddoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) xx
16. SOCIAL SECURITY NO. 488-01-6203B
17. INFORMANT William W. Beddoe Address 408 East 5th Rolla, Missouri.

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)
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 8-12-60, to 8-14-60 and last saw her/him alive on 8-14-60
Death occurred at 11:00P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. Feind M.D.
22b. ADDRESS Rolla Mo.
22c. DATE SIGNED 8-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-16-60
23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
23d. LOCATION (City, town, or county) (State) Rolla, Missouri.

24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home, Rolla By Paul E. Null
25. DATE RECD. BY LOCAL REG. Aug. 15, 1960
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul E. Ne

Signature of Student Embalmer

Licensed Embalmer No. 4498

P. O. Address Rolla,

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