RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-039523
STATE FILE NUMBER

FILED VS OCT 26 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9698

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 11 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bethesda General — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St Louis~~ — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9359 Olive St Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Garnet Middle: A Last: Bedell

4. DATE OF DEATH: Month: October Day: 4 Year: 1960

5. SEX: male

6. COLOR OR RACE: white

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: Jan 15 1883

9. AGE (last birthday): 77

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): manger

10b. KIND OF BUSINESS OR INDUSTRY: food preserving company

11. BIRTHPLACE (City and state or country): Ontario, Canada

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward Bedell

13b. MOTHER'S MAIDEN NAME: Emily Collins

14. NAME OF HUSBAND OR WIFE: Ellean Bedell nee Divers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: 488-09-3238

17. INFORMANT: Susan Klein, 9359 Olive St. Rd St Louis, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriole nephrosclerosis
DUE TO (c): Generalized arteriosclerosis -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 446

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

19. WAS AUTOPSY PERFORMED? YES [X] 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 9/23/60 to 10/4/60 and last saw ~~her~~ him alive on 10/4/60
Death occurred at 7:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm B Barwell MD

22b. ADDRESS: 4660 Maryland

22c. DATE SIGNED: 10/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: October 8 1960

23c. NAME OF CEMETERY OR CREMATORY: St Paul

23d. LOCATION (City, town, or county) (State): Columbia, Illinois

24. FUNERAL DIRECTOR: Josephine Schmidt — ADDRESS: 218 S Metter Columbia, Illinois

25. DATE RECD. BY LOCAL REG.: OCT. 6, 1960

26. REGISTRAR'S SIGNATURE: Ward Smith, M.D.

MEDICAL CERTIFICATION

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 embalme

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 70

P. O. Address _____

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