MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1960

-60-041489

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 99

NDED

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem
Length of stay in 1b: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent
c. CITY OR TOWN Salem
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) S. Jackson
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Susan Middle W Last Bedwell

4. DATE OF DEATH: Month Dec Day 12 Year 1960

5. SEX: female

6. COLOR OR RACE: white

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

8. DATE OF BIRTH: 4-4-72

9. AGE (last birthday): 88
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: x

11. BIRTHPLACE (City and state or country): Dent Co Mo

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Henry Swenney

13b. MOTHER'S MAIDEN NAME: Sarah Jane Thompson

14. NAME OF HUSBAND OR WIFE: Perry R Bedwell

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

16. SOCIAL SECURITY NO.: x

17. INFORMANT Address: George Bedwell Salem 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) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. [ ] 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 12/25/45, to 12/12/60 and last saw her/him alive on 12/12/60
Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Martin Hart M.D. (Degree or title)

22b. ADDRESS Salem Missouri

22c. DATE SIGNED 12/13/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Dec 14 -60

23c. NAME OF CEMETERY OR CREMATORY Cedar Grove

23d. LOCATION (City, town, or county) Dent County (State) Mo

24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc

25. DATE RECD. BY LOCAL REG. 12/13/60

26. REGISTRAR'S SIGNATURE M. M. Hart M.D. by authority

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No.____

P. O. Address_____

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