

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041707

FILED VS DEC 5 1960

Registration District No. 128 Primary Registration District No. 1180 Registrar's No. 1180 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo'</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	
Length of stay in 1b <b>74 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>W. Division St. Rd Sunshine Acres</b>		d. STREET ADDRESS <b>7. 813 Summit St. Sunshine Acres</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Savanna</b> Middle <b>Bedell</b> Last <b>Bedell</b>			4. DATE OF DEATH Month <b>November</b> Day <b>22</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>August 1886</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>16</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Springfield Mo'</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Harris</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Records Sunshine Acres Rest Home</b>	
				Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cardio-renal Disease</b>			
DUE TO (b) <b>Diabetes</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>8:30</b> a.m. <b>30</b> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield</b> COUNTY <b>Mo'</b> STATE <b>Mo'</b>

21. I attended the deceased from 1950 to Nov. 22, 1960 and last saw her alive on Nov. 16, 1960  
Death occurred at 8:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Lyman D. Brown M.D.</b>		22b. ADDRESS <b>311 1/2 College</b>		22c. DATE SIGNED <b>11/24/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov' 26 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cem'</b>		
		23d. LOCATION (City, town, or county) <b>Springfield</b>		23e. STATE <b>Mo'</b>		
24. FUNERAL DIRECTOR <b>H V Smith 602 N Jefferson St.</b>			25. DATE RECD. BY LOCAL REG. <b>11-29-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Nelson</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 428

P. O. Address Spring

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.