

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032266

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 296

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED OCT 16 1961**

1. PLACE OF DEATH  
 a. COUNTY Cole  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 611W Elm Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Cole  
 c. CITY OR TOWN Jefferson City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 611W Elm Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last William John Bemboom 4. DATE OF DEATH Month Day Year Oct 2, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3/13/86 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months 6 Days 19 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Missouri Pacific Engineer 10b. KIND OF BUSINESS OR INDUSTRY Pacific Engineer 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Bernard Bemboom 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Grace Hartman

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 Bernard Bemboom J.C. No Address

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 Instant  
 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  N:  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.) Man died suddenly unattended. Had  
 20c. TIME OF INJURY Hour 12:45 Month, Day, Year 10/2/61 been treated recently for heart conditions.  
 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.) Home 20f. CITY, TOWN, OR LOCATION Jefferson City COUNTY Cole STATE MO

21. I attended the deceased from 12:45 P.M. and last saw her alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clarence Earl Copps Cole County 22b. ADDRESS Jefferson City, Mo. 1436 Green Berry St. No. 10/6/61 22c. DATE SIGNED 10/6/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 10/5/61 23c. NAME OF CEMETERY OR CREMATORY Resurrection 23d. LOCATION (City, town, or county) (State) Jefferson City Mo.

24. FUNERAL DIRECTOR Sylvester Dulle ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. October 9 1961 26. REGISTRAR'S SIGNATURE R. Harris, M.D. - Richter, D.D.

1961 OCT 16 100 SA

**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 Sylvester H. Helle

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.