MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000214
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 42

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 8 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5437 Euclid
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Myrtle Middle: Bedwell Last: Chitwood

4. DATE OF DEATH: Month 1 Day 20 Year 62

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 2-20-97
9. AGE (last birthday): 64
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Salem, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: A. W. Bedwell
13b. MOTHER'S MAIDEN NAME: Josephine Eaton
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): –
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: University Hosp. Medical Records Address: Columbia Mo

MEDICAL CERTIFICATION

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)	Myocardial Ischemia	9 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Bronchitis	12 days
DUE TO (c)	Superimposed on Chronic Obstructive Emphysema	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (1) Arteriosclerotic H. Disease (2) Polycystic Kidney Disease

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

19. WAS AUTOPSY PEREORMED? 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 1-12-62, to 1-20-62 and last saw her/him alive on 1-19-62
Death occurred at 8:23 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. M. Marr (Degree or title): M.D.
22b. ADDRESS: Univ. of Mo. Med. Ctr., Columbia
22c. DATE SIGNED: 1/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-23-62
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Co Mo.

24. FUNERAL DIRECTOR: White-Mullen ADDRESS: Ferguson Mo.
25. DATE RECD. BY LOCAL REG.: Jan 29, 1962
26. REGISTRAR'S SIGNATURE: Mrs R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

VS FEB 5 1962
VS FEB - 1967

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 Larry M White

Licensed Embalmer No. 3973

P. O. Address Ferguson Mo.

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.