

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 136

STATE FILE NUMBER 62-012141

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Sedalia

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Bothwell Hospital.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY

OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

400 East Second St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

CHARLES

Middle

ELWOOD

Last

BECHTEL

4. DATE OF DEATH

Month Day Year
March 31, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☒

8. DATE OF BIRTH

3/21/62

9. AGE (last birthday)

71

10. USUAL OCCUPATION (Give kind of work done)

Farmer most of working life (retired)

10b. KIND OF BUSINESS OR INDUSTRY
Gen. Agriculture

11. BIRTHPLACE (City and state or country)
Morgan County, Mo.

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

13a. FATHER'S NAME

Charles Bechtel

13b. MOTHER'S MAIDEN NAME

Laura Porter

14. NAME OF HUSBAND OR WIFE

Garce D. McDonald Bechtel

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.

XXXX-XX-XXXX

17. INFORMANT

Clyde Bechtel, Houstonia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral apoplexy
Hypertensive Cardiovascular
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

within 8 days

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 3-23-62 to 3-31-62 and last saw him alive on 3-31-62
Death occurred at 9:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert R. Masdow, M.D.

22b. ADDRESS

Sedalia mo

22c. DATE SIGNED

3-31-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/2/62

23c. NAME OF CEMETERY OR CREMATORY

Highland Memorial Gardens

23d. LOCATION (City, town, or county)

Sedalia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edna Ewing, Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

April 2, 1962

26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10808

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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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Medalia 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.