

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042396

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 101

FILED DEC 11 1962

1. PLACE OF DEATH

a. COUNTY

Howard

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

Fayette

Length of stay in lb

9 hours

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

Lee Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri COUNTY Howard

c. CITY
OR
TOWN

Fayette

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

200 Oaklawn

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Arthur Mounter Besgrove

4. DATE OF DEATH
Month Day Year
Dec. 6, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/17/1884

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Own Farm

11. BIRTHPLACE (City and state or country)

Howard Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Alfred Besgrove

13b. MOTHER'S MAIDEN NAME

Elzora Snider

14. NAME OF HUSBAND OR WIFE

Annie May Wells

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.

493-38-4167

17. INFORMANT

Mrs. Arthur Besgrove Fayette 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)

Coronary Thrombosis 2 day

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

DUE TO (b)

Chronic Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

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 12-5-62 to 12-6-62 and last saw him alive on 12-6-62
Death occurred at Fayette 12-8-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Bloom M.D.

22b. ADDRESS

Fayette Mo

22c. DATE SIGNED

12/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

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

Fayette Missouri

24. FUNERAL DIRECTOR

ADDRESS

Joseph A. Carr

Fayette Mo.

25. DATE RECD. BY LOCAL REG.

12-8-62

26. REGISTRAR'S SIGNATURE

Katherine Welch

Permit issued 12-8-62

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,

 , Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Jayette, 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.