

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031123

STATE FILE NUMBER

Registration District No. 2254

Primary Registration District No. 270254

Registrar's No. 111

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

WAYNE

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

COLDWATER

Length of stay in lb

3 yrs.

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

a. STATE

MISSOURI

b. COUNTY

WAYNE

Inside Limits

Yes ☐ No ☒

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

HOSPITAL OR INSTITUTION COLDWATER, MO.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

ADDRESS

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

MARVIN

Middle

CLARENCE

Last

BESS

4. DATE OF DEATH

Month

AUGUST

Day

4

Year

1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-7-1894

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

Public Water Works

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FREDERICKTOWN, MO

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ALBERT BESS

13b. MOTHER'S MAIDEN NAME

MARY DEGUIRE

14. NAME OF HUSBAND OR WIFE

ETHEL L. BESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

W. W. I

16. SOCIAL SECURITY NO.

329-10-6709

17. INFORMANT

ETHEL L. BESS

Address

2327 Edison Granite City, Ill.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ROUTINE INVESTIGATION AND

DUE TO (b)

PRESUMED TO BE NATURAL CAUSES

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 ☐ 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.

Month, Day, Year

p.m.

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 _____, to _____ and last saw her alive on _____.

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Marvin E. Bowler

(Degree or title)

Coroner

22b. ADDRESS

Fredericktown, Mo

22c. DATE SIGNED

Aug 5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

8-6-63

23c. NAME OF CEMETERY OR CREMATORY

LAKEVIEW Memorial Gardens BELLEVILLE, ILLINOIS

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

BELLEVEILLE, ILLINOIS

24. FUNERAL DIRECTOR

SAM NAJIM, JR., FREDERICKTOWN, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug 7 1963

26. REGISTRAR'S SIGNATURE

Bretta M. Ware

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 12 1963

AUG 23 1963

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 Robert J. Lebaugh, Student Embalmer No. 703

working under my personal supervision.

Student Robert J. Lebaugh
Signature of Student Embalmer

Signed Sam Sajim, Jr.

Licensed Embalmer No. 4299

P. O. Address Friedericktown, 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.