

FILED DEC 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42056

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 1123

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.
c. LENGTH OF STAY (in this place) OR TOWN 1yr. 4mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Pr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE EUROPE; Austria & Germany b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0390
d. STREET ADDRESS (If rural, give location) Prisoners

3. NAME OF DECEASED
a. (First) Robert b. (Middle) Henry c. (Last) Best
4. DATE OF DEATH December 16, 1952 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 16, 1896 9. AGE (In years last birthday) 56 10. MONTHS 0 11. DAYS 0 12. HOURS 0 13. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Journalist
10b. KIND OF BUSINESS OR INDUSTRY Newspaper & Radio
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Hartwell Best 13b. MOTHER'S MAIDEN NAME Lillie Estelle Andrews 14. NAME OF HUSBAND OR WIFE Erna Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1917 to 1920 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME FILE: M.C.F.P., Springfield, Missouri ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of the Brain
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiovascular disease.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4221

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 12, 1951, to Dec. 16, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 6:43 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. C. Rinck (Degree or title) M.D., Clinical Dir. 23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo. 23c. DATE SIGNED 12-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12/19/1952 24c. NAME OF CEMETERY OR CREMATORY Unknown 24d. LOCATION (City, town, or county) (State) Spartanburg, S. Carolina

DATE REC'D BY LOCAL REG. 12-19-52 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE AYRE & GOODWIN FUNERAL SERVICE, Spgfld ADDRESS _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 11 1962

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 _____

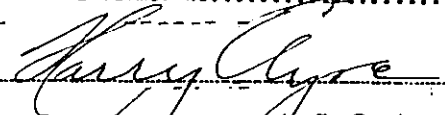
working under my personal supervision.

Student Embalmer No.

Signed.....

Student Embalmer

Signed



Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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 this body is not embalmed, fact should be so stated above.