

FILED APR 29 1969

124

STATE FILE NUMBER  
69-015327

CERTIFICATE OF DEATH

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 555

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

9. 0  
10a. 90  
10b.  
11. 0  
12. 1  
13. 955X  
14.  
15. 4  
16.  
17.  
18. 3  
19. CREDITS  
20.

4. 0397  
5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

6. 0397

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. ROY A. BEDELL			2 Male	3 April 23, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. White		5a 90	5b.	5c.	6 Oct. 21, 1878	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Springfield			7c. Yes 7d. 923 W. Elm			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA		10. Married		11. Ida Bedell
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 500 36 5633			13a. Ret. Real Estate		13b. Real Estate	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14a. Missouri		14b. Greene	14c. Springfield		14d. 923 W. Elm	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. David Bedell			16. Rachel Ross			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Ida Bedell				17b. 923 W. Elm Springfield, Missouri		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE						
(a) Gunshot wound in head						
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
						19a. no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.						
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW AND APPROX. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. suicide		20b. 4/23/1969	20c. 7:30A. he apparently shot himself in the head just above right ear			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a. no		20f. Home	20g. 923 W. Elm, Springfield, Missouri			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			TO			AND LAST SAW HIM/HER ALIVE ON
21a.			21b.			21c.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.						22b.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DATE SIGNED (MONTH, DAY, YEAR)
23a. Ralph H. Thieme			23b. <i>Ralph H. Thieme</i>			23c. 4/24/69
MAILING ADDRESS—CERTIFIER			CITY OR TOWN			STATE
23d. 1200 Boonville Ave., Springfield, Missouri 65802			23e. Springfield, Missouri			23f. 65802
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		
24a. Burial		24b. Greenlawn Cemetery		24c. Springfield, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. April 25, 1969		24e. Klingner Mortuary Inc 436 E. Pacific Springfield, Mo 65803				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. <i>John Klingner Jr.</i>			25b. <i>Richard Bradley</i>		25c. April 25, 1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

in the

APR 8 0 8 1969

**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 John Klugner J

Licensed Embalmer No. 5102

P. O. Address Springfield

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.