

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018630

FILED VS JUN 6 1960 53

Registration District No. 3009 Registrar's No. 209

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		Length of stay in 1b <u>20 years</u>	c. CITY OR TOWN <u>JACKSON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>313 Greens Ferry</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>313 Greens Ferry</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert R. Bedwell</u>			4. DATE OF DEATH Month Day Year <u>May 23 1960</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/30/1878</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>81</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>	11. BIRTHPLACE (City and state or country) <u>Appleton Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Bedwell</u>		13b. MOTHER'S MAIDEN NAME <u>Lang</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Bedwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-14-2175</u>	17. INFORMANT Address <u>Mrs. Effie Bedwell Jackson, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5yr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <u>-</u>					
DUE TO (c) <u>-</u>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>1950</u> to <u>May 23, 1960</u> and last saw him alive on <u>May 22, 1960</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. J. McDonald, M.D.</u> (Degree or title)			22b. ADDRESS <u>Jackson, Mo.</u>		22c. DATE SIGNED <u>5-25-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/26/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
24. FUNERAL DIRECTOR <u>McCombs Jackson Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-31-1960</u>	26. REGISTRAR'S SIGNATURE <u>Ernest Kasten</u>		

BY AFFIDAVIT OF

NOV 14 1967

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 Bruce Dockens, Student Embalmer No. 598

working under my personal supervision.

Student Bruce Dockens  
Signature of Student Embalmer

Signed B. A. Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson

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.