

FILED MAR 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **9811**

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>		c. CITY OR TOWN <u>BONNE TERRE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>23 BUCHANAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u>	b. (Middle)	c. (Last) <u>BESS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 8 1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNES 1906</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>3</u>	IF UNDER 100 HRS. Hours <u>3</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VALLEY DOLOMITE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P-1 BONNE TERRE MO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME <u>CLARENCE BESS</u>	13a. MOTHER'S MAIDEN NAME <u>BERTHA CLARK</u>	14. NAME OF HUSBAND OR WIFE <u>FLORENCE BESS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give war or dates of service) <u>NO NONE</u>	16. SOCIAL SECURITY NO. <u>484-38-6514</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FLORENCE BESS</u>	ADDRESS <u>BONNE TERRE MO</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac tamponade</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-8-54</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured dissecting aneurysm of the aorta.</u>		Unknown
	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 <u>451x</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 31, 1953 to March 8, 1954, that I last saw the deceased alive on March 8, 1954, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edith W. Miller M.D.</u>	23b. ADDRESS <u>33 No. Allen, Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>3-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 12 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion Chapel P-1 Bonne Terre Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar 10 1954</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendell H. G. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Licensed Embalmer No. 370
P. O. Address Bonnet

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.