

FILED SEP 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26377

10-48

BIRTH NO. 47992-50 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lipton, Mo	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARK b. (Middle) DUANE c. (Last) BESTGEN			4. DATE OF DEATH (Month) (Day) (Year) 9-3-1950		
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5. SEX U	6. COLOR OR RACE MALE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE U	8. DATE OF BIRTH 8-31-1950	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) JEFFERSON CITY-MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EUGENE-BESTGEN	13b. MOTHER'S MAIDEN NAME PATRICIA-BRANT	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Eugene Bestgen Lipton Mo	ADDRESS Lipton Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			776 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 21, 1950**, to **Sept 3, 1950**, that I last saw the deceased alive on **Sept 3, 1950**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank N. Minn (Degree or title) M.D. 507 E. N. Rd.	23b. ADDRESS	23c. DATE SIGNED 9/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-5-50	24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	24d. LOCATION (City, town, or county) (State) Lipton Mo
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DATE REC'D BY LOCAL REG. Sept 4-1950	REGISTRAR'S SIGNATURE R.P. Harrison - M.R. 681	25. FUNERAL DIRECTOR'S SIGNATURE James E. Richard	ADDRESS Lipton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

264
00

RECEIVED 9/9/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9/9/50

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 *James E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Lepton, 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 this body is not embalmed, fact should be so stated above.