

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40543

STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Tipton</u> <u>0680</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathy</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>8 hours</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Marye Clara Bestgen</u>			4. DATE OF DEATH <u>December 21, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 21, 1955</u>		9. AGE (In years last birthday) <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Boniface George Bestgen</u>			14. MOTHER'S MAIDEN NAME <u>Dorothy Lee Latham</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.	17. INFORMANT Address <u>Boniface Bestgen, Tipton, Missouri</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>SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>2nd degree burns involving 40% of body 8 hours</u> DUE TO (c) <u>9170</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>17</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Two year old girl fell into tub of boiling water</u>	
20c. TIME OF INJURY Hour <u>7</u> p. m. Month <u>12</u> Day <u>20</u> Year <u>56</u>		
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.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>TIPTON City Moniteau Mo.</u>
21. I attended the deceased from <u>12/20/56 8 PM</u> to <u>12/21/56 6 AM</u> and last saw her <u>alive on 12/21/56</u> Death occurred at <u>6 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Lawrence D. Joffen MD</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>12/21/56</u>

23a. BURIAL, CREMATION, REMOVAL, etc. <u>12-22-56</u>	23b. DATE <u>DEC. 22, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC</u>	23d. LOCATION (City, town, of county) (State) <u>TIPTON-MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>James R. Richards, Tipton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>21 Dec 1956</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD-7R</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *J. E. Richard*

Licensed Embalmer No. *34*

P. O. Address *Tipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.