

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27939**

FILED SEP 10 1946

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **349**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Two days**
In this community **Two days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monticau**
(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")
(d) Street No. **-**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Clara Bestgen**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louis A. Bestgen**
6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **March, 2nd, 1891**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **23**
If less than one day hr. min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Martin Dueber**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Leflor**
(City, town, or county) (State or foreign country)

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis A. Bestgen (Husband)**

(b) Address **Tipton, Mo**

17. (c) **Removal & Burial** (b) Date thereof **8/27/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Cemetery, Tipton, Mo.**

18. (a) Signature of funeral director **Jamesa E. Richard**

(b) Address **Tipton, Mo**

19. (a) **8-25-46** (b) **Betty Yeager**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **25th**
year **1946** hour **3** minute **20 P.** M.

21. I hereby certify that I attended the deceased from **8/23-46**
to **8/25** 19**46**
that I last saw h. **alive** on **8/25** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **instant**

Due to **Hypertensive disease**

Due to **W. decompensation of heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **940**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **DD Syer** (M. D. or other) **M.D.**

Address **Sedalia Mo** Date signed **8/25/46**

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

20173

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 9-7-66

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Jessie E. Richards.
Licensed Embalmer No. 2466
P. O. Address Lipton me

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.