

Health, Welfare & Public Service

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
30492

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>		d. STREET ADDRESS <u>778 South Jefferson</u>	
Length of stay in lb <u>8 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Last		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Freddrick--Douglass</u> Middle <u>Bell</u> Last <u>Bell</u>			4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</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>November 16, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (City and state or country) <u>Saline County, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucinda Bell</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mrs. Lucindia Bell, Marshall, Missouri</u>
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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>Cerebral Vas Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
DUE TO (b) <u>Cerebral Thrombosis.</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) <u>332x</u>
20c. TIME OF INJURY Hour <u>11:49</u> a.m. <u>pm</u> 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 <u>Marshall</u>	COUNTY <u>Missouri</u>	STATE
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21. I attended the deceased from Aug 27 to August 29th and last saw him alive on August 29, 1957.
Death occurred at 11:49 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. T. Kujala M.D.</u> (Degree or title)	22b. ADDRESS <u>Marshall Mo.</u>	22c. DATE SIGNED <u>8-30-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>September 1</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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24. FUNERAL DIRECTOR <u>George L. Green</u>	ADDRESS <u>Marshall Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-31-57</u>	26. REGISTRAR'S SIGNATURE <u>Cecil J. Read</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 4720

P. O. Address Marshall

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.