

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

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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4242**
Registrar's No. **1**

FILED FEB 21 1948
Registration District No. **048**

Primary Registration District No. **4107**

1. PLACE OF DEATH:

(a) County **Cedar**

(b) City or town **Eldorado Springs**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nicholas Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **three weeks**
(Specify whether years, months or days)

In this community **yes**

3. (a) PRINT FULL NAME **CHARLES EDWARD BELL**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **- -**

4. Sex **male** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Dec. 18, 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	-	14	hr. min.

9. Birthplace **Henry County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **James Bell**

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

14. Maiden name **Deliah Newell**

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

16. (a) Informant **Ruba Smith**

(b) Address **Eldorado Springs, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 2, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wagner Cemetery**

18. (a) Signature of funeral director **William C. Bishop**

(b) Address **Eldorado Springs, Mo.**

19. (a) **1/31/48** (b) **W. C. Bishop**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**

(c) City or town **Eldorado Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **1** year **1948** hour **12** minute **05** A.M.

21. I hereby certify that I attended the deceased from **Nov 29** 19**47** to **26 Dec** 19**47**
that I last saw him alive on **26 Dec** 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**

Due to **INTRA CRANIAL HEMORRHAGE** **3 M.O.**

Due to **ATHEROSCLEROSIS - Hyper-TENSION** **years**

Other conditions **ADRENAL HYPERPLASIA**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**

Of autopsy **None**

PHYSICIAN **838**

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)

(c) Means of injury **MD.**

23. Signature **William C. Bishop** (M. D. or other)

Address **Eldorado Springs, Mo.** Date signed **2 Jan 1948**

RECEIVED
District Health Officer No. 7,
District File Number 1-48-86
Date Filed 2-20-48
Date Filed

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.....

James E. Hackleman, Registered Apprentice No. 44
working under my personal supervision.

Signed

Floyd E. Cowthorpe

Licensed Embalmer No. 4419

P. O. Address

El Dorado Springs

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.