

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5353

State File No. ....

No. 300  
10.48  
51  
22

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

BIRTH NO. .... REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLUMBUS TWP.</u>	
c. LENGTH OF STAY (In this place) <u>5 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>WARRENSBURG CLINIC</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>STERLING</u> c. (Last) <u>BELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 6 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 10 1920</u>
9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>COLUMBUS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES OSSIE BELL</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE SPECKER</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES O BELL COLUMBUS, MO.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carbon Monoxide poisoning</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parking in closed car with motor left running.</u> DUE TO (c) <u>1949</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Outlet Springs - Lafayette MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 1 1949 10 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Parked in car with motor running.</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 2, 1949, to Feb. 6, 1949</u> , that I last saw the deceased alive on <u>Feb. 5, 1949</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Warrensburg Mo.</u>	23c. DATE SIGNED <u>2-9-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 8 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT TABOR</u>	24d. LOCATION (City, town, or county) (State) <u>COLUMBUS MO</u>
DATE REC'D BY LOCAL REG. <u>Feb. 9, 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Holden</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1949

APR 22 10 10

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. ~~3434~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed W. L. Caudrey

Licensed Embalmer No. 3434

P. O. Address Fielden, 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.