S. No. 300
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FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9178

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Polk Township
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mi. West of Fredericktown

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Polk Township
d. STREET ADDRESS (If rural, give location): 7 mi West of Fredericktown

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Ellsworth
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 3, 1883
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Connorsville, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Bell
13b. MOTHER'S MAIDEN NAME: Ida Briggs
14. NAME OF ~~HUSBAND OR~~ WIFE: Sophia Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Maxine Gilliand — ADDRESS: Fall River, Wisconsin

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Streptococcic sore throat — 3 wks.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4012

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1949, *to* Mar 14, 1949, *that I last saw the deceased alive on* Mar 13, 1949, *and that death occurred at* 8:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Delezene (Degree or title): D.O.F.
23b. ADDRESS: Fredericktown Mo.
23c. DATE SIGNED: 3/17/49

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
24b. DATE: 3/17/49
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Christian Cemetery
24d. LOCATION (City, town, or county) (State): Fredericktown, Mo.

DATE REC'D BY LOCAL REG.: 3-29-1949
REGISTRAR'S SIGNATURE: Florence Dicks
187
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25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Webb-Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
Official File Number 449-455
Date Filed 4-6-49

US DEC 30 1959

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.

Signed Edward G. Lehmann Jr
Licensed Embalmer No. 4567
P. O. Address Fredericktown, Mo.

Signed _____
Student Embalmer

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.