

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18882

State File No. 19

FILED JUN 27 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 4087 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren Co. 22 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Van Buren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Elwood</u> c. (Last) <u>Bell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 16 1891</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	11. BIRTHPLACE (State or foreign country) <u>Davis Co Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>repair</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Julia A. Allenbrand</u>	
13c. NAME OF HUSBAND OR WIFE <u>Rose Bell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NUMBER <u>492-10-3258</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Standley Van Buren</u>		ADDRESS <u>Van Buren</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured skull</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <u>59 28</u> <u>45</u>	
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 river bluff</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carter Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-28-49 11: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>fell off of Bluff</u>		<u>18</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____ that last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Seaton Perwit</u>		23b. ADDRESS <u>cor. 3 Van Buren Mo</u>	
23c. DATE SIGNED <u>6-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Van Buren</u>		24d. LOCATION (City, town, or county) (State) <u>Van Buren Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 2</u>		REGISTRAR'S SIGNATURE <u>Mrs Ota Henson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Perwit</u>		ADDRESS <u>Van Buren Mo.</u>	

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

6/21/49  
District Health Officer No. 5,  
District File Number 649455  
Date Filed 6/24/49

**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 Chas. J. Lewitt

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Van Buren, 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.