

FILED AUG 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27104

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 257

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

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u> | | c. LENGTH OF STAY (In this place) <u>53 yrs</u> | |
| d. STREET ADDRESS (If rural, give location) <u>207 E. Sea</u> | | | |

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|--|--------------------------|----------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joseph</u> | b. (Middle) <u>S</u> | c. (Last) <u>Bell</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1949</u> |
|--|--------------------------|----------------------|-----------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 6, 1895</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Henrod Veneer Co.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Atherton, Mo.</u> | 11. BIRTHPLACE (State or foreign country) <u>USA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Frank M. Bell</u> | 13b. MOTHER'S MAIDEN NAME <u>Malissa Premm</u> | 14. NAME OF HUSBAND OR WIFE <u>Ethel 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>495 05 3191</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Bell, Independence, Mo.</u> | ADDRESS _____ |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral Circulatory Collapse</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>24 hour</u> <u>Months 2 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostatic Pneumonia</u> | | |
| | DUE TO (c) <u>hepatoelastic Ulcer with antitaxis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subtotal Gastric Resection</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>Extension of hepatoelastic ulcer into hepato duodenal region</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) <u>MISS</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--------------------------------------|
| 23a. SIGNATURE <u>W. H. Dickinson</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>171 Hall Bank Bldg Independence, Mo.</u> | 23c. DATE SIGNED <u>Aug 15, 1949</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>Aug. 18, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u> |
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| DATE REC'D BY LOCAL REG <u>Aug. 16, 1949</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Independence, Mo.</u> |
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AUG 22 RECD

256197 EMB

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
Student Embalmer

Signed *Lloyd Carson*

Licensed Embalmer No. *4199*

P. O. Address *Independence*

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.