

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40683

BIRTH NO. _____		REG. DIST. NO. <u>100</u>	PRIMARY REG. DIST. NO. <u>5-385</u>	State File No. _____	Registrar's No. <u>79</u>
1. PLACE OF DEATH a. COUNTY <u>Dent</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Salem</u> c. LENGTH OF STAY (In this place) <u>2 da</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hart Clinic</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Meramec Twp</u> d. STREET ADDRESS (If rural, give location) <u>Howes Mill, Missouri</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Bell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 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>Nov. 12, 1870</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Months _____ Days _____
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>--</u>		
11. BIRTHPLACE (State or foreign country) <u>Reynolds County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Mose Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Crawford</u>		
14. NAME OF HUSBAND OR WIFE <u>Noah Bell</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		
16. SOCIAL SECURITY NO. <u>--</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Noah Bell</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart disease</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>2 weeks</u> <u>4 mos</u>			19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>5-19-</u> , <u>1948</u> , to <u>11-30-</u> , <u>1949</u> , that I last saw the deceased alive on <u>11-29-</u> , <u>1949</u> , and that death occurred at <u>6:30p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>M. M. Hart, M.D.</u> (Degree or title)			23b. ADDRESS <u>Stonehill, Missouri</u>		
23c. DATE SIGNED <u>12-2-49</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		
24b. DATE <u>12/2/49</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Stonehill</u>		
24d. LOCATION (City, town, or county) (State) <u>Stonehill, Missouri</u>			24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Spencer</u>		
24f. DATE REC'D BY LOCAL REG. <u>12-2-49</u>			24g. REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. & Sp.</u>		
24h. ADDRESS <u>Salem, Mo.</u>			24i. (Licensed Embalmer's Statement on Reverse Side)		

RECEIVED 12/10/49
District Health Officer No. 5,
District File Number 1249 780
Date Filed 12/17/49

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.

Student
Student Embalmer

Signed Wm. W. McLean

Licensed Embalmer No. 3806

P. O. Address Salem, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.