

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1810

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY OR TOWN <b>Wyatt</b>		c. CITY OR TOWN <b>Wyatt</b>	
c. LENGTH OF STAY (in this place) <b>18 yrs</b>		0679	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>P.O. Box 382</b>		d. STREET ADDRESS (If rural, give location) <b>P.O. Box 382</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Johnie</b>	b. (Middle)	c. (Last) <b>Bell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 28, 1889</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>26</b>	IF UNDER 14 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Bell</b>	13b. MOTHER'S MAIDEN NAME <b>Candy Bell</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Bell</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-16-0767</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edna Bell</b>	ADDRESS <b>P.O. Box 382, Wyatt, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 2, 1950, to Jan 23, 1950, that I last saw the deceased alive on Jan 23, 1950, and that death occurred at 8:20A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. P. Penton, D.D.</b>	23b. ADDRESS <b>Wyatt, Mo.</b>	23c. DATE SIGNED <b>1-27-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 28, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 31, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Lex Kilgore</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. D. Sparks</b>	ADDRESS <b>Charleston, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 2 1950

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed **FEB 2 1950**

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**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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

**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.