

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
STANDARD CERTIFICATE OF DEATH

29700

State File No. ....

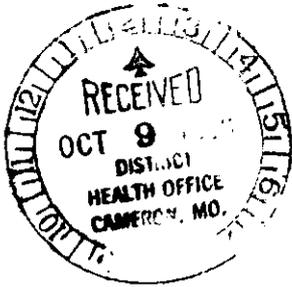
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 192

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Van Horn Twp. U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southside Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East of Bogard</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE FOSTER</u> b. (Middle) <u>BELL</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 31, 1914</u>
9. AGE (In years last birthday) <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Carroll County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Luella May McCall</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel W. Thoen, Bogard, Mo.</u> ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>None the jury find that Foster Bell came to his death by unavoidable accident on highway w/ dept 30-1950.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Pat Stator, Claud Jenkins, Russell Keltner, Arch Collier</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT (Specify) <u>Accident Highway 65</u>	
21a. PLACE OF INJURY (e.g., in or about home, [army, factory, street, office bldg., etc.]) <u>Highway 65</u>		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carrollton 011 Carroll Mo.</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT 30 1950 10:20 P.M.</u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>Auto</u>		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 <u>6 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ray Dickerson, Coroner</u> (Degree or title)		23b. ADDRESS <u>Bogard Mo.</u>	
23c. DATE SIGNED <u>Oct 2, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct. 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley &amp; Gibson</u> ADDRESS <u>Carrollton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/3/50</u>		REGISTRAR'S SIGNATURE <u>Ms Herbert Calvert</u>	

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



**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ben W. Gibson*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Cameron, 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.