

FILED NOV 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32794**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **374**

1. PLACE OF DEATH a. COUNTY Callaway Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Mo b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton Mo	c. LENGTH OF STAY (If in this place) 19 days	c. CITY (If outside corporate limits, write RURAL and give township) Fulton Mo 0142	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Co. Hosp. Fulton Mo.		d. STREET ADDRESS (If rural, give location) 309 S. W. 9th	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) BELL			4. DATE OF DEATH (Month) (Day) (Year) 11 - 6 - 50
5. SEX M	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10 - 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years) (If under 1 year: Months) (If under 11 mos.: Days) (If under 11 hrs.: Hours) (Min.) 73
11a. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Amos Bell	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Pearl Lee Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pearl Lee Bell, Fulton Mo.		

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning		INTERVAL BETWEEN ONSET AND DEATH 19 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen Arteriosclerosis - Glomerulo Nephritis		
	DUE TO (c) Gen Arteriosclerosis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 595X			

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)	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 **6/25 1949**, to **11/6, 1950**, that I last saw the deceased alive on **11/6, 1950**, and that death occurred at **11:25 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George F. Wood MD	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 11/6/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 11-9-1950	24c. NAME OF CEMETERY OR CREMATORY South side	24d. LOCATION (City, town, or county) (State) Fulton Mo
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DATE REC'D BY LOCAL REG. Nov 8 - 1950	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stuart Parker Columbia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 13 1950

RECEIVED

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. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2900

P. O. Address Columbus

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

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