

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33996

| | | | | | | | |
|--|--|--|---|--|------------------|---|-------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>171</u> | | PRIMARY REG. DIST. NO. <u>5639</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Enid</u> | | <u>8357</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8 mi. south east Odessa</u> | | | | d. STREET ADDRESS (If rural, give location) <u>8</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie Lee</u> b. (Middle) <u>Ball</u> c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9, 1950</u> | | 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>White</u> |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 17, 1883</u> | | 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u> Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Hedgeman Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary M. Thomas</u> | | 14. NAME OF HUSBAND OR WIFE <u>William J. Bell</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas. Williams Odessa, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</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) <u>General arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>Indefinite</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | <u>4:00</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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>Oct 9, 1950</u> to <u>Oct 9, 1950</u> , that I last saw the deceased alive on <u>Oct 9, 1950</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. F. Slaughter D.O.</u> | | | | 23b. ADDRESS <u>Odessa Mo.</u> | | 23c. DATE SIGNED <u>Oct-9-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Oct. 9, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Enid, Okla</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>Oct. 9, 1950</u> | | REGISTRAR'S SIGNATURE <u>Emma Davidson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bushman Sparks</u> | | ADDRESS <u>Odessa, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ¹⁰⁻²⁴⁻⁵⁰
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-24-50

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 William T. Sparks

Signed
Student Embalmer

Licensed Embalmer No. #4431

P. O. Address Osessa, 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.