No. 300
10.48

FILED OCT 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34219

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: NEW MADRID
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MATTHEWS RFD #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: NEW MADRID
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 0720
d. STREET ADDRESS (If rural, give location): MATTHEWS RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): NEWTON
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): 9-19-50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 20 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): VAN BUREN Co. ARK
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WILLIAM BELL
13b. MOTHER'S MAIDEN NAME: NICIE ANN RING
14. NAME OF HUSBAND OR WIFE: Lona Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Lona Bell - Matthews Mo RFD #2

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) Hypertensive Cardio Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year?

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.
443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-2, 1950, *to* 9-19, 1950, *that I last saw the deceased alive on* 7-3, 1950, *and that death occurred at* 7:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas C. McClure
23b. ADDRESS: Sikeston. Mo.
23c. DATE SIGNED: 9/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-20-50
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): SIKESTON Mo

DATE REC'D BY LOCAL REG. 10-25-50
REGISTRAR'S SIGNATURE: Helen Land Jones 216
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Welsh Funeral Home - Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

720
1

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 Raymond Crewe

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.