

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 38879
9258
Registrar's No.

FILED NOV 17 1950

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WARREN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place) 10-31-45 to 10-29-50	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WRIGHT CITY Mo	
3. NAME OF DECEASED (Type or Print) Bella		d. STREET ADDRESS R#1	
a. (First)	b. (Middle)	c. (Last) Null	
4. DATE OF DEATH (Month) (Day) (Year) 10 29 50			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH APR. 10, 1868
9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY X X X	11. BIRTHPLACE (State or foreign country) ALLENTON, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HARRY MATTHEW	13b. MOTHER'S MAIDEN NAME EMMABOSWELL	14. NAME OF HUSBAND OR WIFE JAMES DGD.	
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 Elmer E. Pull Wright City, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 HSD	
22. I hereby certify that I attended the deceased from _____, 19____, to 10/29, 1950, that I last saw the deceased alive on 10/29, 1950 and that death occurred at 4:20 PM from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Palmer Duane Brodick M.D.		23b. ADDRESS	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-1-1950	24c. NAME OF CEMETERY OR CREMATORY Baker Charles Park	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
DATE REC'D BY LOCAL REG. OCT 31 1950	REGISTRAR'S SIGNATURE J. B. Lester	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barronius Bros Overland, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 1952

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 3457

.....
working under my personal supervision.

Student Embalmer No.

Signed David E. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Cleveland 1477

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.