

FILED JAN 11 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 40076

BIRTH NO. 72472-50		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4091		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE Mo b. COUNTY Carter			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fremont		c. LENGTH OF STAY (in this place) 1 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fremont 0180			
d. FULL NAME OF HOSPITAL OR INSTITUTION own home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Gene c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1950		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov 18 1950		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Van Buren Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Bell		13b. MOTHER'S MAIDEN NAME Joy M. Lee		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Bell Fremont 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH  18	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fremont Carter Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-31-50 1: A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Suffocated with Red clothe			
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 _____ A. M., from the causes and on the date stated above.							
23a. SIGNATURE Seaton Pruitt 3 (Degree or title)				23b. ADDRESS Van Buren Mo		23c. DATE SIGNED 12-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-1-51		24c. NAME OF CEMETERY OR CREMATORY Fremont cemetery		24d. LOCATION (City, town, or county) (State) Fremont Mo	
DATE REC'D BY LOCAL REG. Jan. 8-1951		REGISTRAR'S SIGNATURE 50 Mrs. Beta Newsom		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seaton Pruitt Van Buren			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 10 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren m

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.