

FILED JAN 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 648

BIRTH NO. _____		REG. DIST. NO. 84		PRIMARY REG. DIST. NO. 5317		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kelley		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kelley		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. North Tipton				d. STREET ADDRESS (If rural, give location) 5 mi. North Tipton			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
AMANDA-ARDENA-		BELL		4. DATE OF DEATH		January 10, 1951	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 12-28-1864	
9. AGE (In years, if under 1 year last birthday)		86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Brecken		13b. MOTHER'S MAIDEN NAME Elizabeth Dean		14. NAME OF HUSBAND OR WIFE John H. Bell (deceased)			
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 Mr. W. J. Bishop		ADDRESS Tipton, 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) <u>Coronary Artery Deficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> 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 11/8/50 4232	
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 11/8, 1950, to 1/10, 1951, that I last saw the deceased alive on 1/10, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. J. Potts M.D.				23b. ADDRESS Tipton, Mo.		23c. DATE SIGNED 1/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Tipton, Mo.	
DATE REC'D BY LOCAL REG. Jan 12-1951		REGISTRAR'S SIGNATURE Helvie Thullett		73 F. FUNERAL DIRECTOR'S SIGNATURE James C. Pugh		ADDRESS Tipton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-24-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-24-51

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,
Student Embalmer

Signed *Jessie E. Richard*

Licensed Embalmer No. *2466*

P. O. Address *Lipton, 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.