

FILED FEB 1 1951

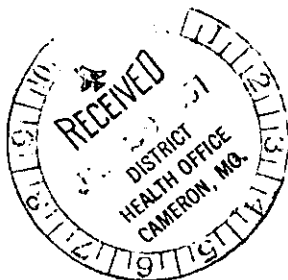
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2131

BIRTH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6-9-6-8		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. (Harris) 84 yrs</u>		c. LENGTH OF STAY (in this place) <u>84 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Barroce, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Platte City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED Platte City Mo</u>							
3. NAME OF DECEASED a. (First) <u>Cynthia</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Bell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21, 1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 4, 1867</u>	
9. AGE (in years last birthday) <u>84</u>		10. IF UNDER 1 YEAR (Days) <u>0</u>		11. IF UNDER 24 HRS. (Hours) <u>17</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Parkville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U</u>							
13a. FATHER'S NAME <u>Marion Jacks</u>		13b. MOTHER'S MAIDEN NAME <u>Suzanne Martin</u>		14. NAME OF HUSBAND OR WIFE <u>J. B. Bell - (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Susie Smitton, Parkville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>disease</u> DUE TO (c) <u>Generalized arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>442x</u>	
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 <u>Dec 12, 1949</u> , to <u>Jan 21, 1951</u> , that I last saw the deceased alive on <u>Jan 12, 1951</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard Parker M.D.</u>		23b. ADDRESS <u>Platte City, Mo</u>		23c. DATE SIGNED <u>Jan 21, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24-51</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. Francis</u>		ADDRESS <u>Parkville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



APR 26 1954

Dr. Graham Parker,

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, and by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address

Parkville, 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.