

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23518

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 3621		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lyon Twp		c. LENGTH OF STAY (In this place) 1530		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lyon Twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) 3 1/2 mi north Hurdland			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Henry		c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) June 25 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 19 1881	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Knox County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Henry Bell		13b. MOTHER'S MAIDEN NAME Ellen Cody		14. NAME OF HUSBAND OR WIFE none			
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 Margaret Hicks		ADDRESS Edina Missouri	
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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart - Known 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 2 yrs	
19a. DATE OF OPERATION June		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 910		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hurdland		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hurdland Knox MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) ---		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 May 1951 , to July 24, 1951 , that I last saw the deceased alive on July 24, 1951 , and that death occurred at 9:15 P. M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. E. Luma M.D.				23b. ADDRESS Edina Mo		23c. DATE SIGNED July 25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/30 1951		24c. NAME OF CEMETERY OR CREMATORY I O O F		24d. LOCATION (City, town, or county) (State) Hurdland Missouri	
DATE REC'D BY LOCAL REG. July 12 - 1951		REGISTRAR'S SIGNATURE W. S. Kurnat		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leo B. Casley, Jr. Hurdland Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUL 14 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1261
Date Filed: JUL 14 1951

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

Geo B Casey Jr.

Licensed Embalmer No. *3755*

P. O. Address *Huddland 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.