

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29304

State File No.

FILED SEP 10 1951

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Highway 21 7 miles no potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mitchell</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Union</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Russell</u> c. (Last) <u>Bell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 31 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-19-1917</u>
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foundry worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Milan, Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Claud Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Mays</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Doris Bell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World war 11-415-14-8988</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claud Bell Mitchell, Ill</u> ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull, right</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>epnum, crushed chest</u>		
	MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) <u>auto collision</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>110</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT (Specify) <u>suicide</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-WAY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Old Mines Washington Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 31 1951 12PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto accident</u>	

22. I hereby certify that I attended the deceased from Illness, to _____, 19____, that I last saw the deceased alive on never, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Joseph L. Thurman Coroner</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>9-1-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9-1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MILAN TENNESSEE</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>9/1/51</u>		REGISTRAR'S SIGNATURE <u>Helmut K...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith & Higginbotham</u> ADDRESS <u>F.H. Potosi, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1951 51 106

SEP 28 1951

RECEIVED

SEP 4 1951

WASH. COUNTY HEALTH DEPT.

File No. 951-225

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.