

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29305
Registrar's No. 45

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244

1. PLACE OF DEATH
a. COUNTY **Washington**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **Highway 21 7m N. Of Potosi.**)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **Rural-Union**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **Unknown**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Mitchell**
d. STREET ADDRESS (If rural, give location) **8**

3. NAME OF DECEASED (Type or Print)
a. (First) **Ruth** b. (Middle) **Doris** c. (Last) **Bell**
4. DATE OF DEATH (Month) (Day) (Year) **8 31 1951**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **5-28-1917** 9. AGE (In years last birthday) **34** IF UNDER 1 YEAR Months **3** Days **3** IF UNDER 12 HRS. Hours **3** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Making bags**
10b. KIND OF BUSINESS OR INDUSTRY **Bemas Bags Mills**
11. BIRTHPLACE (State or foreign country) **Gibson County, Tenn**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Louis Jackson** 13b. MOTHER'S MAIDEN NAME **Eara Blackburn** 14. NAME OF HUSBAND OR WIFE **Clyde K. Bell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **499-12-6955** 17. INFORMANT'S SIGNATURE OR NAME **Claud Bell Mitchell** ADDRESS **111**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Crushed chest - Compound fracture of right femur, right humerus, fracture of left tibia**
ANTECEDENT CAUSES (b) **auto callusion**
DUE TO (c) **auto callusion**
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION* **110** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **BUCKLE HOME accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Highway 21-mo** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **old Potosi, Washington MO**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **8 31 1951 10P** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Car Accident**

22. I hereby certify that I attended the deceased from **Nov 19**, 19____, to _____, 19____, that I last saw the deceased alive on **Nov**, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph L. Thurman** (Degree or title) **Coroner MO** 23b. ADDRESS **Potosi, Mo** 23c. DATE SIGNED **9-1-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-1-1951** 24c. NAME OF CEMETERY OR CREMATORY **Milan, Tennessee** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **9/1/51** REGISTRAR'S SIGNATURE **H. H. Radcliff** 25. FUNERAL DIRECTOR'S SIGNATURE **Smith & Higginbotham** ADDRESS **F. H. Potosi**

(Licensed Embalmers' Statement on Reverse Side) **MO**

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

1951

1951

RECEIVED

SEP 1 1951

WASH. COUNTY HEALTH DEPT.

File No. 951-224

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. 14394

P. O. Address Batozi, 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.

12:10 P