S. No. 300
v. 10.48

0681

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

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30881

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Hy 50 East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALIFORNIA 0681
d. STREET ADDRESS (If rural, give location): HY 50, EAST

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): DUNCAN
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 17, 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APR. 2, 1894
9. AGE (In years last birthday): 57 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): FERRIS, TEXAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. Alexander Duncan
13b. MOTHER'S MAIDEN NAME: Nancy Mahlay Noble
14. NAME OF HUSBAND OR WIFE: Wm. LLoyd 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.:
17. INFORMANT'S SIGNATURE OR NAME: Wm. Lloyd Bell — **ADDRESS**: California, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetic Coma

DUE TO (c)

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: 260X
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) California (COUNTY) Moniteau (STATE) Mo
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* Sept. 15, 1951, *to* Sept. 17, 1951, *that I last saw the deceased alive on* Sept. 17, 1951, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: T. J. Benion (Degree or title) D.O.
23b. ADDRESS: California, Mo
23c. DATE SIGNED: 9/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/18/51
24c. NAME OF CEMETERY OR CREMATORY: City Cemetry (new)
24d. LOCATION (City, town, or county) (State): California, Moniteau, Mo.

DATE REC'D BY LOCAL REG.: 9-18-51
REGISTRAR'S SIGNATURE: H. R. Pobejoy R. R.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-25-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-25-51

DEC 24 1952

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 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.