

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37105**

FILED DEC 3 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Howell</b> <u>0460</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Howell Twp.</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Howell Twp.</b> <u>2460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>			d. STREET ADDRESS (If rural, give location) <b>W.Plains, Mo., Gainesville Rt.</b>		

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>ESAW</b>	c. (Last) <b>BELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12, 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Apr. 14, 1888</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS* OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Salem, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Huston Bell</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <b>Staten</b>	<b>Hester Ann Hall Bell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jim Bell,</b> ADDRESS <b>West Plains, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>			

19a. DATE OF OPERATION <b>3-20-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Advanced Carcinoma of stomach</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	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 2-15-1951, to 11-12-1951, that I last saw the deceased alive on 19, and that death occurred at 8:20<sup>a</sup> m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. B. Callahan M.D.</b> (Degree or title)	23b. ADDRESS <b>West Plains, Mo</b>	23c. DATE SIGNED <b>11/16/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Nov. 14, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>West Plains, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11/20/51</b>	REGISTRAR'S SIGNATURE <b>Beatrice Cook</b> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thourburgh</b> ADDRESS <b>Plains, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED NOV 26 1951

Dist. File 11-26-2868

Date Filed 11-26-51

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

*Hal Thomburg*

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.