

FILED AUG 8 1952

STANDARD CERTIFICATE OF DEATH *5429* State File No. **24113**

BIRTH NO. _____ REG. DIST. NO. *112* PRIMARY REG. DIST. NO. *5429* Registrar's No. *19*

136
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald, Rural, Boon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald, Rural, Lyon <i>0361</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Gerald, Missouri <i>R.F.D.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) VERNAH b. (Middle) H c. (Last) BELL			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1906	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 6 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) San Antonio, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME G. F. Bell		13b. MOTHER'S MAIDEN NAME Mary Guseberry		14. NAME OF HUSBAND OR WIFE Phylis Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1927-1928		16. SOCIAL SECURITY NO. 499-03-1938		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Phylis Bell, Gerald, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT, CRUSHED CHEST, STRUCK AND RUNED OVER by a TRUCK DRIVEN BY CHARLES BARTEL WHILE WALKING ON FARM TO MARKET ROAD AT CITY LIMITS OF GERALD, Mo.				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) E8120 25				
		DUE TO (c) AT CITY LIMITS OF GERALD, Mo.				
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 1/2 mile north of Gerald Mo. on Highway 2, Franklin Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 136		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 29 1952 11:45 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck ran over body.		
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Pho. P. Hoffer (Degree or title) Coroner		23b. ADDRESS Sullivan Mo		23c. DATE SIGNED 7/29/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1952		24c. NAME OF CEMETERY OR CREMATORY Owensville City Cemetery, Owensville, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 7-31-52		REGISTRAR'S SIGNATURE R.H. Matlock		25. FUNERAL DIRECTOR'S SIGNATURE Ernest L. Williams		ADDRESS Gerald, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1953

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 *Ernest J. Ottmann*

Licensed Embalmer No. 4054

P. O. Address Gerald, 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.