

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED SEP 3- 1952 53217

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 268

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY in this place) 12 hrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS (If rural, give location) 1010 1/2 East 4th St.	

3. NAME OF DECEASED (Type or Print) a. (First) Kathleen b. (Middle) Bell c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) Aug 18, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Aug 18, 1952		9. AGE (In years last birthday) 12		10. IF UNDER 1 YEAR Months 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Sedalia, Mo	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Charles Bell		13b. MOTHER'S MAIDEN NAME Jean Inselman		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Bell, Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		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) Prematurity - (26 weeks)			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **Aug 18, 1952**, to **Aug 18, 1952**, that I last saw the deceased alive on **Aug 18, 1952**, and that death occurred at **3:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles Gordon Spence, M.D.		23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 8-19-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 19, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	

DATE REC'D BY LOCAL REG. 8/19/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo.	
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

