

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

85442

State File No. _____

LEB OCT 29 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5577 Registrar's No. 167

490

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, JASPER TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, JASPER TOWNSHIP	
c. LENGTH OF STAY (In this place) 66 YEARS			
d. FULL NAME OF HOSPITAL OR INSTITUTION JASPER COUNTY, JASPER TWP.		d. STREET ADDRESS (If rural, give location) JASPER COUNTY, JASPER TOWNSHIP	

3. NAME OF DECEASED (Type or Print)	a. (First) DORA	b. (Middle) BELLE	c. (Last) BELL	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER, 24, 1952
-------------------------------------	------------------------	--------------------------	-----------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY-25-1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) NODAWAY COUNTY, MISSOURI.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME JOSEPH WAMPLER	13b. MOTHER'S MAIDEN NAME ELIZABETH LITTS	14. NAME OF HUSBAND OR WIFE JOHN W. BELL
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN W. BELL, OPOLIS, KAN. R.F.D.# 1	ADDRESS
---	-------------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia (terminal)		
	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 352X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Dec 7, 1951, to Oct 23, 1952, that I last saw the deceased alive on Oct 23, 1952, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) C.B. Newman MD	23b. ADDRESS Pittsburg Kan	23c. DATE SIGNED 10-25-52
--	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE OCT-24-1952	24c. NAME OF CEMETERY OR CREMATORY PITTSBURG, KAN. CEM. PITTSBURG KANSAS	24d. LOCATION (City, town, or county) (State)
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. 10/24/52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Robert A. Yancey, Pittsburg	ADDRESS Kansas L.I.S. #1101
--	--	---	------------------------------------

RECEIVED 10-27-52
Jasper County Health Office

County File Number 52/10/819

Date Filed 10-27-52

NOV 1 1952

Robert A. Yancey
(Embalmer)

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.

ROBERT A. YANCEY

Student _____

Signed *Robert A. Yancey*

Student Embalmer

SC 52 11th West 6th St

Licensed Embalmer No. 3452.

52 11th West 6th St.,
P. O. Address. Pittsburg, Kansas.

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.