No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37905

State File No.

FILED NOV 24 1952

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY Cape Gir
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape girardeau
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S.E. Mo Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chaffee 1001
d. STREET ADDRESS (If rural, give location) 110 Wright Ave 1

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) Bell
4. DATE OF DEATH (Month) Nov. (Day) 18. (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 22, 1880
9. AGE (In years last birthday) 72 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) Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY Sport Specialty Shoe Co
11. BIRTHPLACE (State or foreign country) Evansville Ind
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Bell
13b. MOTHER'S MAIDEN NAME Wydia Taylor
14. NAME OF HUSBAND OR WIFE Florence Redfern 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. unk
17. INFORMANT'S SIGNATURE OR NAME Mrs Florence Bell ADDRESS Chaffee 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) Post-op. Hemorrhage from prostatectomy — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) Prostatic obstruction, complete — 2 wks.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-18-52
19b. MAJOR FINDINGS OF OPERATION Obstructive prostate - uncontrollable hemorrhage 610X
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) (COUNTY) (STATE)
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* Nov. 12, 1952, *to* Nov. 18, 1952, *that I last saw the deceased alive on* Nov. 18, 1952, *and that death occurred at* 8 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE L. R. Leubaugh (Degree or title) M.D.
23b. ADDRESS 80 (A) Broadway Cape Girardeau, Mo
23c. DATE SIGNED 11-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 21, 1952
24c. NAME OF CEMETERY OR CREMATORY Union Park
24d. LOCATION (City, town, or county) Chaffee (State) Mo

DATE REC'D BY LOCAL REG. 11-22-52
REGISTRAR'S SIGNATURE 44-0 C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home ADDRESS Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Mamie Buplenghoff

Signed _____
Student Embalmer

Licensed Embalmer No. 32 X 2

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.