

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39773

State File No. ....

LED NOV 18 1952

BIRTH NO. 78313 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Florida</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN Ft. Leonard Wood, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OR TOWN Miami</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>315 N W 64th Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>(New-Born Male Infant)</u> b. (Middle) <u>Bell</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7 November 1952</u>
9. AGE (In years last birthday) <u>6</u>		10. AGE (In years last birthday) <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Leonard Wood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Marion A Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Helen L. Ross</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>B. J. BJORIN Major, MSC Ft. Leonard Wood</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of Meconium</u>  ANTECEDENT CAUSES <u>Suffocation from fluids in Lungs of New-Born Child</u> DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  <u>7620</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 7 November, 1952, to Same Date, 19, that I last saw the deceased alive on 7 November, 1952, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Strawnell 1st Lt. M C</u>		23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>8 Nov 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>13 Nov 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Iberia Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home Iberia Mo.</u>		25. ADDRESS	
DATE REC'D BY LOCAL REG. <u>11-13-52</u>		REGISTRAR'S SIGNATURE <u>Edgar Lee Anderson</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

850

Date Filed 11-15-52

File Number

Alaska County Health Officer

RECEIVED

11-13-52

### 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.