S. No. 300
v. 10.48

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6555

State File No.

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune Brooks Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marion 0490
d. STREET ADDRESS (If rural, give location): Route # 4 Carthage, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle):
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 26, 1872
9. AGE (In years last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Va.
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: ?
13b. MOTHER'S MAIDEN NAME: ?
14. NAME OF HUSBAND OR WIFE:
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.: no
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: James Bell, Route # 4 Carthage, 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) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5-10 yrs

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) E9030 20

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture rt hip - trochanteric 10 da

19a. DATE OF OPERATION: Feb 6, 1953
19b. MAJOR FINDINGS OF OPERATION: Fixation of hip with fixation device
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 0349 (COUNTY) Jasper (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 31 1953 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell on floor of home

22. *I hereby certify that I attended the deceased from* Jan 5, 1949, *to* Feb 9, 1953, *that I last saw the deceased alive on* Feb 9, 1953, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Russell Smith (Degree or title) M. D.
23b. ADDRESS: Carthage, Mo.
23c. DATE SIGNED: 2-10-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-14-53
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Jasper Co., Mo.

DATE REC'D BY LOCAL REG.: 2-11-53
REGISTRAR'S SIGNATURE: L B Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-19-53
Jasper County Health Office
County File Number 53/2/181
Date Filed 2-19-53

JUL 8 1955

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 William B. Cantrell
Licensed Embalmer No. 4820
P. O. Address Carthage 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.