

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9012

State File No. ....  
Registrar's No. 135

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>65 years</b>		e. STREET ADDRESS (If rural, give location) <b>825 Court St., 0143</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Ovid</b>	b. (Middle)	c. (Last) <b>Bell</b>	(Month) <b>April</b>	(Day) <b>2</b>	(Year) <b>1953</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 10, 1875</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR <b>9</b> Months	IF UNDER 24 HRS. <b>22</b> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printing &amp; Publishing</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Reform, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John P. Bell</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Gilbert</b>	14. NAME OF HUSBAND OR WIFE <b>Maud Bell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NUMBER <b>488-07-9872</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ovid H. Bell</b> ADDRESS <b>Fulton, Missouri</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>0</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion, acute</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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"/>
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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) <b>4201</b> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **8<sup>th</sup> Jan'y, 1953**, to **2<sup>d</sup> April, 1953**, that I last saw the deceased alive on **2<sup>d</sup> April, 1953**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Andrew S. Lanier, M.D.</b> (Degree or title)	23b. ADDRESS <b>607 Court, Fulton</b>	23c. DATE SIGNED <b>4-3-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 4, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton MO</b>
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DATE REC'D BY LOCAL REG. <b>Apr. 3-1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wallace Funeral Home</b> ADDRESS <b>Fulton, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Reginald C. Browning*.....

Licensed Embalmer No. *2724*.....

P. O. Address *Fulton, N.C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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