

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **22179**

FILED JUL 14 1953

 BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5754** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dry Creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dry Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Clark c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) 7 2 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/28/1865
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, Ret.	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James Bell	13b. MOTHER'S MAIDEN NAME Eliza Palmer	14. NAME OF HUSBAND OR WIFE Frances Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clark Bell, Dixon, Missouri

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 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mitral insufficiency DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Age			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 410X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Nov 20**, 19**52**, to **July 1**, 19**53**, that I last saw the deceased alive on **July 1**, 19**53**, and that death occurred at **5:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pauline Howard D.O.	23b. ADDRESS Dixon, Mo.	23c. DATE SIGNED 7-4-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/1953	24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery
24d. LOCATION (City, town, or county) (State) Maries County, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri	
DATE REC'D BY LOCAL REG. 7-8-53	REGISTRAR'S SIGNATURE Pauline Howard	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

July 2, 1953

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Maurice E. Scherbaum

Licensed Embalmer No. *4505*

P. O. Address *Dixon, Missouri*

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.