THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28147

State File No.

FILED AUG 24 1953

BIRTH NO. 56669 REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 4451 Registrar's No. 20

1. PLACE OF DEATH

a. COUNTY: CRAWFORD

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE

c. LENGTH OF STAY (in this place): 9 hrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI b. COUNTY: CRAWFORD

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STEELVILLE 0280 1

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) LAVERN c. (Last) BELL

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

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: AUG 8 1953

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 9 / Min. 30

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): STEELVILLE MO.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JERRY LEE BELL

13b. MOTHER'S MAIDEN NAME: WILMA MACKEY

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):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: JERRY LEE BELL - STEELVILLE, 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) Patent foramen ovale - congenital — INTERVAL BETWEEN ONSET AND DEATH

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: 7543

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* Aug 8, 1953, *to* Aug 9, 1953, *that I last saw the deceased alive on* Aug 8, 1953, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ima Hokey D.O. **23b. ADDRESS**: Steelville Mo **23c. DATE SIGNED**: 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8-10-1953.

24c. NAME OF CEMETERY OR CREMATORY: VIBURNUM CEMETERY

24d. LOCATION (City, town, or county) (State): VIBURNUM, MO.

DATE REC'D BY LOCAL REG.: 8-21-53

REGISTRAR'S SIGNATURE: [signature] 76-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas L. Halbert - STEELVILLE, MO.

(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_____

_____ Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Thomas L Halbert

Licensed Embalmer No. 4332

P. O. Address Steelville, Mo.

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

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