

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1953

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

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>130 W. Culton Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nace Nursing Home, 124 E. Market St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>R.</u>	
		c. (Last) <u>Bell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug. 18, 1869</u>		9. AGE (In years last birthday) <u>84</u>	
		IF UNDER 1 YEAR: Months _____ Days _____	
		IF UNDER 24 HRS.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Corder, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George T. Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Samock Darnel</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown Clara Peacock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
(If yes, give year of dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ada Nace, Warrensburg, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		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	
		<u>331X</u>	
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 <u>Aug. 24</u> , 19 <u>53</u> , to <u>Sept. 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept. 1</u> , 19 <u>53</u> , and that death occurred at <u>11:50 A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. Patterson</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Missouri</u>	
		23c. DATE SIGNED <u>9-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/3/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Corder, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 10 1953</u>		REGISTRAR'S SIGNATURE <u>Savannah</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoefler</u>		ADDRESS <u>Higginsville, Mo.</u>	

RECEIVED  
SEP 14 1953  
JOHNSON COUNTY HEALTH DEPT.

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 *Farnet A. Hooper*

Licensed Embalmer No. *24358*

P. O. Address *Higginsville*

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.