

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38068

State File No.

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 146

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | |
| b. CITY OR TOWN <u>Nevada</u> | | c. CITY OR TOWN <u>Nevada 405 Washington</u> | |
| c. LENGTH OF STAY (in this place) <u>6 years</u> | | d. STREET ADDRESS (If rural, give location) <u>1082</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCarrat Rest Home</u> | | | |

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|--|------------------------|-------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>MANDLA</u> | a. (First) <u>Jane</u> | b. (Middle) | c. (Last) <u>BELL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 1953</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb 4, 1876</u> | 9. AGE (In years last birthday) <u>77</u> Months <u>7</u> IF UNDER 1 YEAR Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Armadia, Kans</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>James W. Capps</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>Arthur J. Bell</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Arthur J. Bell</u> ADDRESS <u>Nevada, Mo</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Renal disease</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>442 X</u> | 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) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Nov, 1952, to 9-21, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 8 PM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>F. L. Martin M.D.</u> | 23b. ADDRESS <u>Nevada Mo</u> | 23c. DATE SIGNED <u>9-22-53</u> |
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| 24a. BURIAL, CREMATION; REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 26 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Pulaski Tenn</u> |
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| DATE REC'D BY LOCAL REG. <u>10-12-1953</u> | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | 451 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. T. Moonahan</u> ADDRESS <u>Armadia, Kansas</u> |
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(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 _____

my self

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *N. J. Moorehan*

Licensed Embalmer No. *3616*

P. O. Address *Arcadia, Pa.*

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

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