

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38628**

FILED DEC 1 - 1953

REG. DIST. NO. **93**

PRIMARY REG. DIST. NO. **5344**

Registrar's No. **53-100**

0290

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

1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) Rural N. Morgan twp		c. LENGTH OF STAY (in this place) 6 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural N. Morgan twp. 0		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi N.E. Seybert				d. STREET ADDRESS (If rural, give location) 3 mi N.E. of Seybert			
3. NAME OF DECEASED (Type or Print) Leota		a. (First)		b. (Middle) Virginia		c. (Last) Bell	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 24, 1884		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 3 Days 27		IF UNDER 1 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Smith County, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Abbott		13b. MOTHER'S MAIDEN NAME Elizabeth Pruitt		14. NAME OF HUSBAND OR WIFE Logan J. Bell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 480-09-6187-B		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Logan J. Bell; Rt #1, Dadeville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast 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. Congestive Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170x				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 11-4 , 19 53 , to 11-21 , 19 53 , that I last saw the deceased alive on 11-21 , 19 53 , and that death occurred at 1:42 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lee Mc Neel, M.D.				23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 11-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenfield Cem.		24d. LOCATION (City, town, or county) (State) Greenfield, Mo.	
DATE REC'D BY LOCAL REG. 11-27-53		REGISTRAR'S SIGNATURE J. C. Canada 4748		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.			

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

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.