

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40042

FILED NOV 18 1953

BIRTH NO.

REG. DIST. NO.

301

PRIMARY REG. DIST. NO.

4451

Registrar's No.

400

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Naylor			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Karen		b. (Middle) Jean		c. (Last) Bell	
4. DATE OF DEATH		(Month) Oct		(Day) 21		(Year) 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 10/22/1952		9. AGE (In years last birthday) II Months 29 Days	
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) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Orville Bell		13b. MOTHER'S MAIDEN NAME Ruby Drane		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ruby Bell Naylor, 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* Infant ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cong. Abnormalities of B.H. tract DUE TO (c) Hydrocephalus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7573				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 10-22-53 , to 10-21-53 , that I last saw the deceased alive on 10-14-53 , and that death occurred at 1 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Arthur C. Parker, M.D.				23b. ADDRESS Hopewell, Mo.		23c. DATE SIGNED 10/21/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/24/53		24c. NAME OF CEMETERY OR CREMATORY Naylor Masonic		24d. LOCATION (City, town, or county) (State) Naylor, Missouri	
DATE REC'D BY LOCAL REG. 11-5-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Gish Funeral Home		ADDRESS Naylor, 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 _____

Licensed Embalmer No. 4079

P. O. Address May, Tex. 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.