

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42768

State File No.

BIRTH NO. **FILED DEC 23 1953** REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5731

1. PLACE OF DEATH Jackson a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill 0190	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 627 Harper	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ione b. (Middle) S. c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) 12-5-1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		married		8. DATE OF BIRTH 11-15-1903	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days 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		11. BIRTHPLACE (State or foreign country) Pleasant Hill, Mo. 0	
				12. CITIZEN OF WHAT COUNTRY? U.S. A.	

13a. FATHER'S NAME Xenophen Storms		13b. MOTHER'S MAIDEN NAME Sallie Thompson		14. NAME OF HUSBAND OR WIFE Gilbert 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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilbert Bell Pleasant Hill, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.A. LUNGS		DUE TO (b) C.A. P. BREAST			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					170X

19a. DATE OF OPERATION 5-10-53		19b. MAJOR FINDINGS OF OPERATION C.A. P. BREAST		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)	
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 5-1-53 to 12-5-53, that I last saw the deceased alive on 11-30-53, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE David S. Long (Degree or title) M.D.		23b. ADDRESS Harrowville Mo		23c. DATE SIGNED 12/7-53	
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24a. BURIAL CREMATION (Specify)		24b. DATE 12-7-1953		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
				24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo.	

DATE REC'D BY LOCAL REG. 12-7-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Crawford Pleasant Hill Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1954

JAN 13 1955

AUG 25 1954

DEC 28 1954

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 *Allen Bengtson*

Licensed Embalmer No. 3785

P. O. Address *Plum Hill 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.