

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43860**

FILED JAN 5 1954

| | | | | | | | |
|--|--|---|---------------------------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 275 | | PRIMARY REG. DIST. NO. 3053 | | Registrar's No. 268 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY Phelps | | b. CITY (If outside corporate limits, write RURAL and give township) Rolla | | a. STATE Missouri | | b. COUNTY Phelps | |
| c. LENGTH OF STAY (In this place) 2 days | | c. CITY OR TOWN Rolla | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Hospital | | | | e. STREET ADDRESS (If rural, give location) 104 South State Street | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| a. (First) NANCY | | b. (Middle) ARKATIE | | c. (Last) BELL | | Dec. 26, 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Feb. 16, 1875 | |
| 9. AGE (In years) (last birthday) Months Days Hours Min. 78 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and State or Foreign Country) Murry, Kentucky | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME Thomas M. West | | 13b. MOTHER'S MAIDEN NAME Lovie Swan | | 14. NAME OF HUSBAND OR WIFE Richard, dec. | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harvey Carroll Rolla, 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive arteriosclerotic C.V. disease | | | | 2 days | |
| DUE TO (c) bronchopneumonia | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 1 day | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 44.3 X | | | | 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) (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 May , 19 51 , to Dec. 26 , 19 53 , that I last saw the deceased alive on Dec. 26 , 1953, and that death occurred at 4:45 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Barbara E. Russell, M.D. | | | | 23b. ADDRESS Rolla, Mo. | | 23c. DATE SIGNED 12/28/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 29, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery | | 24d. LOCATION (City, town, or county) (State) Dixon, Missouri | |
| DATE REC'D BY LOCAL REG. Dec. 29, 1953 | | REGISTRAR'S SIGNATURE Nadine L. Stoll | | 25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null | | ADDRESS Rolla, Mo. | |

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 _____
Signature of Student Embalmer

Signed Paul E. Mull

Licensed Embalmer No. 4498

P. O. Address Polla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.