

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

448

State File No. ....

FILED FEB 11 1954

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 50 **PRIMARY REG. DIST. NO.** 4071 **Registrar's No.** 5

|  |  |  |  |
|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br><b>a. COUNTY</b> <u>Camden</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br><b>a. STATE</b> <u>Missouri</u> <b>COUNTY</b> <u>Camden</u> |  |
| <b>b. CITY</b> (If outside corporate limits, write RURAL and give township)<br><b>OR TOWN</b> <u>Camdenton</u>                               |  | <b>c. CITY</b> (If outside corporate limits, write RURAL and give township)<br><b>OR TOWN</b> <u>Camdenton</u>   |  |
| <b>d. FULL NAME OF</b> (If not in hospital or institution, give street address & location)<br><b>HOSPITAL OR INSTITUTION</b> <u>Own Home</u> |  | <b>d. STREET ADDRESS</b> (If rural, give location)<br><u>Gen Del.</u>  |  |

|  |                                       |  |  |
|--|---------------------------------------|--|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>Arthur</u> <u>Thomas</u> <u>Bell</u>                                |                                       | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan</u> <u>13</u> - <u>1954</u> |  |
| <b>5. SEX</b><br><u>male</u>   | <b>6. COLOR OR RACE</b><br><u>wht</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>married</u>    | <b>8. DATE OF BIRTH</b><br><u>July 18-1876</u> |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work including most of working life, even if retired)<br><u>Carpenter</u> |                                       | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Building</u>                        |  |
| <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Loxburg Ark</u>                                      |                                       | <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>USA</u>                                   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>13a. FATHER'S NAME</b><br><u>Henry M Bell</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Betty Furtine</u>   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Pharo Phillips</u>                                |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown)   |  | <b>16. SOCIAL SECURITY NO.</b><br><u>498-42-2377</u>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>Mrs Arthur Bell</u>                         |  |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the direct injury or complication which caused death. |  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Mitral &amp; aortic regurgitation</u>                                     |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>18</u>                                       |  |
| <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  | <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| <b>19a. DATE OF OPERATION</b>   |  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>none</u>   |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>21a. AGENT</b> (Specify)<br><u>suicide</u>               |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><u>Camden</u> <u>CO</u> <u>MO</u> |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.) |  | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>   |  |

**22. I hereby certify that I attended the deceased from** Jan, 1952, to 1-13, 1954 that I last saw the deceased alive on 1-13, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>E. C. Blackburn M.D.</u>                    |  | <b>23b. ADDRESS</b><br><u>Camdenton Mo</u>   |  | <b>23c. DATE SIGNED</b><br><u>1-15-54</u>                 |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Buried</u>                         |  | <b>24b. DATE</b><br><u>Jan 15-54</u>   |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Roach</u> |  |
| <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Camden</u> <u>CO</u> <u>MO</u> |  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Banksen-Woolery</u> <u>Camdenton</u> <u>MO</u> |  |   |  |

**DATE REC'D BY LOCAL REG** Feb. 3-1954 **REGISTRAR'S SIGNATURE** Zilpha Jraw 425

(Licensed Embalmer's Statement on Reverse Side)

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

498-42-2377

Jan 15-54

0150

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

*Philo Banks Woolery*

Licensed Embalmer No.

*2488*

P. O. Address

*Candenton, 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.