

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5504

State File No.

9-849-54

BIRTH NO. FILLED MAR 10 1954 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 3

12
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
c. LENGTH OF STAY (in this place) life		0672 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 714 Green St.		d. STREET ADDRESS (If rural, give location) 714 Green St.	
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) James	
		c. (Last) Bell	
		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1954	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Jan. 29, 1954
9. AGE (In years last birthday) ---		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Charleston, Missouri 0
		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Ruby Lee Bell	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ruby Lee Bell, 714 Green, Charleston, 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) Pulmonary Collapse INTERVAL BETWEEN ONSET AND DEATH 3 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620	
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) m.	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 Jan 29, 1954, to Jan 29, 1954, that I last saw the deceased alive on Jan 29, 1954, and that death occurred at 10:15A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. P. Eubank DO 2		23b. ADDRESS Wyatt Mo	23c. DATE SIGNED 2-2-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 29, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
DATE REC'D BY LOCAL REG. 2-27-54	REGISTRAR'S SIGNATURE Jean Deane	1180-1	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Charleston, Mo.

REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 8 198

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.