

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**12341**

State File No. ....

No. 300  
10.48  
7000

BIRTH NO. FILED **MAY 3 1954** REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside limits of rural and give township) OR TOWN <b>Royal Prairie INDEPENDENCE</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>3814 Anderson 3088</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CederCrest Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rozetta</b> b. (Middle) <b>Bell</b> c. (Last) <b>Bell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan, 3, 1873</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Adair County, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Alex Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Ann Collins</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS. <b>Mrs. Lulu Pittman - 3814 Anderson Street KANSAS CITY MISSOURI</b>
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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 <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>42.00</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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 **April 1953**, to **April 18, 1954**, that I last saw the deceased alive on **April 7, 1954**, and that death occurred at **8:20 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William J. Bell M.D.</b>	23b. ADDRESS <b>18 East 3<sup>rd</sup> St. Kansas City, Mo.</b>	23c. DATE SIGNED <b>4-19-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7/19/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Siloam Springs Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Siloam Springs Ark.</b>
DATE REC'D BY LOCAL REG. <b>4-19-54</b>	REGISTRAR'S SIGNATURE <b>W. B. Langford</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Dw Newman Sons Kansas City Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1914

**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 *Robert J. Boyer*

Licensed Embalmer No. *48*

P. O. Address *Keokuk, Ia.*

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.