

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7450 State File No. 18532

| | | | | | | | |
|---|---------------------------|---|---|---|---|---|----------------|
| BIRTH NO. | | REG. DIST. NO. 120 | | PRIMARY REG. DIST. NO. 5454 | | Registrar's No. 68 | |
| 1. PLACE OF DEATH a. COUNTY Gentry County, Missouri | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural "Miller" | | c. LENGTH OF STAY (In this place) 3 mos | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0380 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) Gentry County | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) John | | b. (Middle) Ed | | c. (Last) Bell | | 4. DATE OF DEATH (Month) (Day) (Year) July 7 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 12, 1869 | | 9. AGE (In years last birthday) 85 | 10. MONTHS 2 | 11. DAYS 25 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and State or Foreign Country) Cordin, Indiana | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Tom Bell | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Mary Crawford | | | |
| 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 Charles M. Bell, Pattensburg, 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) cancer of prostate gland ANTECEDENT CAUSES Don't know the duration of the illness Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) called to see him only one time DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mitral regurgitation | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 177X | | 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) | | 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 June 18, 1954 to June 18, 1954, 19, that I last saw the deceased alive on June 18, 1954, and that death occurred at 5:30 PM on July 7, 1954, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John F. Casper M.D. | | | | 23b. ADDRESS Pattonsburg Mo | | 23c. DATE SIGNED 7-8-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7-9-1954 | 24c. NAME OF CEMETERY OR CREMATORY Maitland Cemetary | | 24d. LOCATION (City, town, or county) (State) At Maitland, Missouri. | | |
| DATE REC'D BY LOCAL REG. 7-10-1954 | | REGISTRAR'S SIGNATURE Lena Fore Liberty | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ewan Johnson Pattonsburg, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 _____

J. Edwin Johnson

Student Embalmer No. *✓*

working under my personal supervision.

Student *✓*
Student Embalmer

Signed *J. Edwin Johnson*

Licensed Embalmer No. *3492*

P. O. Address *Stanbery, 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.