

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41527**

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 154

512
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1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (in this place) 9 Yrs.		d. STREET ADDRESS (If rural, give location) 712 Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) Anne	b. (Middle) Mae	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1890	9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 Mth. Hours	# UNDER 1 Mth. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Stark, Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Mathew Kritz	13b. MOTHER'S MAIDEN NAME Julia Shamaker	14. NAME OF HUSBAND OR WIFE Edward L. Bell
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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 E. L. Bell, Warrensburg, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from June 10, 1948 to 6 Dec, 1954, that I last saw the deceased alive on 6 Dec, 1954, and that death occurred at 4:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Reed Mason M.D.	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED 6 Dec 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 8, 1954	24c. NAME OF CEMETERY OR CREMATORY DeSoto	24d. LOCATION (City, town, or county) (State) DeSoto, Missouri
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DATE REC'D BY LOCAL REG. Dec. 7, 1954	REGISTRAR'S SIGNATURE Savannah Cutchfield	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney-Phillips, Warrensburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC 13 1954
NEGATIVE
JOHNSON COUNTY HEALTH DEPT.

MS JUN 18 1959
AUG 15 1955

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

John P. Rodgers

Licensed Embalmer No. *4963*

P. O. Address *Warrensburg, 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.