No. 300
10-48

Bered Corp

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 599

BIRTH NO. 117 906-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Jefferson City~~ Iowa
b. COUNTY: ~~Cole~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Jefferson City Mo.~~ 8140 8
d. STREET ADDRESS (If rural, give location): Council Bluffs, Iowa 4029 Ave. D.

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Machelle Janette Bell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Feb. 1, 1955
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Donald Bell
13b. MOTHER'S MAIDEN NAME: Viola JoAnn Collins
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mrs. Donald Bell ADDRESS: Council Bluffs, Iowa ~~Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity (5 mos.)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7625
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Feb, 1955, *to* 1 Feb, 1955, *that I last saw the deceased alive on* 1 Feb, 1955 *and that death occurred at* ~~4:10 A.M.~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Stephan, MD
23b. ADDRESS: Jefferson City, Mo
23c. DATE SIGNED: 2 Feb 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1955
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: Feb 2-1955
REGISTRAR'S SIGNATURE: R. P. Dorris MD-NR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buesche
ADDRESS: Jefferson City 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 NOT embalmed by me, or by _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Victor Burscher

Licensed Embalmer No. 3701

P. O. Address Jeffersonville Ind

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.