

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14885

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>52</u>	PRIMARY REG. DIST. NO. <u>4078</u>	Registrar's No. <u>176</u>
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Delta, Mo.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Delta</u>	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		STREET ADDRESS (If rural, give location) <u>0163</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>BELL</u> c. (Last) <u>HODGES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May, 14, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 21, 1889</u>	
9. AGE (in years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framing</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Framing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Framing</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Rob. Kenyon</u>		13b. MOTHER'S MAIDEN NAME <u>M. H. Kenyon</u>	14. NAME OF HUSBAND OR WIFE, <u>Martha Huskell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>490-28-8446</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Bagby, Delta, Mo.</u> ADDRESS _____	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>April 25, 1955</u> , to <u>May 14, 1955</u> , that I last saw the deceased alive on <u>May 14, 1955</u> , and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. Ravault, M.D.</u> (Degree or title)		23b. ADDRESS <u>Delta, Mo.</u>		23c. DATE SIGNED <u>May 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park, Advance, Missouri</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>5/23/55</u>	REGISTRAR'S SIGNATURE <u>Robert H. Sabin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. &amp; Mrs. L. B. Meyer, Jr. Advance</u>		ADDRESS <u>Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0160  
1-60

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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.....  
*William H. Morgan*

Licensed Embalmer No.....*46*

P. O. Address.....*Advance*

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.