

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15996**

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5754** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dry Creek				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural Dry Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION				f. STREET ADDRESS (If rural, give location) 0630			
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Rebecca c. (Last) Bell				4. DATE OF DEATH (Month) (Day) (Year) 5 2 1955			
5. SEX Female		6. COLOR-OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7/23/1870	
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months 9 Days 10		11. IF UNDER 1 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Osage County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME Bill Williams				13b. MOTHER'S MAIDEN NAME Elizabeth McAffee		14. NAME OF HUSBAND OR WIFE Clark Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X				16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edmond Davis, Dixon, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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				19b. MAJOR FINDINGS OF OPERATION 4200			
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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 19 to May 1, 1955 , that I last saw the deceased alive on May 1, 1955 and that death occurred at 4:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE E. Hughes (Degree or title) M.D.				23b. ADDRESS 188 - 6		23c. DATE SIGNED 24-May-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/5/1955		24c. NAME OF CEMETERY OR CREMATORY Kenner Cemetery		24d. LOCATION (City, town, or county) (State) Maries County, Missouri	
DATE REC'D BY LOCAL REG. 5-27-55		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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..... *Maurice E. Schierke*

Licensed Embalmer No. *H-1*

P. O. Address..... *Dixon, Miss*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.