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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16047

FILED JUN 14 1955

State File No. 4322

Registrar's No. 40

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>Mercon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Princeton</u>	c. LENGTH OF STAY (In this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>MARION</u> 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. East Eagleville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adella</u> b. (Middle) <u>Marina</u> c. (Last) <u>Bell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1955</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 10, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Joshua P. Hartley</u>	13b. MOTHER'S MAIDEN NAME <u>Cathrine Griffith</u>	14. NAME OF HUSBAND OR WIFE <u>Edwin Clarence Bell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Bell-Eagleville, Mo</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis degenerative</u>		<u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degenerative nephritis</u> DUE TO (c) <u>cardiac asthma</u>		<u>3 wks</u> <u>2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H342</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) m.	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 5-21, 1955 to 5-25, 1955, that I last saw the deceased alive on 5-25-55, 1955, and that death occurred at 1:45 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Burton J. Axtell 2 D.O.</u>	23b. ADDRESS <u>Princeton Mo.</u>	23c. DATE SIGNED <u>6-7-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAY 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Blythdale, Mo</u>		

DATE REC'D BY LOCAL REG. <u>6-9-55</u>	REGISTRAR'S SIGNATURE <u>Harold W. Boggs</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Boggs</u>	ADDRESS <u>Eagleville, Mo</u>
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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

Student Embalmer

Signed

Gerald W. Boyges

Licensed Embalmer No. *4762*

P. O. Address *Eagleville, M.T.*

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.