

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17889**  
Registrar's No. **345**

BIRTH NO. **8627454** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5141**

20

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Quin Gillis Bluff Twp</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Quin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RPA 2</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GLAYTON</b> b. (Middle) <b>GENE</b> c. (Last) <b>BELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Dec. 18, 1954</b>	9. AGE (In years last birthday) <b>5</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Arlie Bell</b>	13b. MOTHER'S MAIDEN NAME <b>Imogene Stephens</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arlie Bell</b> ADDRESS <b>Quin Mo.</b>

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, ashenia, 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) <b>Uremic infection</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>was operated upon when it was 3 days old</b> DUE TO (c) <b>for a correction of a bladder condition</b>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7573</b>		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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Prover W Green Cowner</b> (Degree or title)	23b. ADDRESS <b>Poplar Bluff Mo</b>	23c. DATE SIGNED <b>May 29 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 10, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Nimmons</b>
		24d. LOCATION (City, town, or county) (State) <b>Nimmons Ark.</b>

DATE REC'D BY LOCAL REG. <b>6/8/55</b>	REGISTRAR'S SIGNATURE <b>R A Muesel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Mortuary Piggott</b> ADDRESS <b>Ark.</b>
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RECEIVED  
JUN 13 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941 M

P. O. Address Piggott Ark

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.