

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18526

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2551

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DAVIES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY OR TOWN <u>Jamesport</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Place Rest Home</u>		STREET ADDRESS (If rural, give location) <u>RR 0310</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>John</u>	b. (Middle) <u>J</u>	c. (Last) <u>Bell</u>	<u>June 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>Sept 25 - 1860</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	9. AGE (In years last birthday) <u>94</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Light</u>	14. NAME OF HUSBAND OR WIFE <u>Alice Bell (Deceased)</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Baker 7439 Flora Kemo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerosis</u>		<u>3 yrs</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		<u>450°</u>
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	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 6-1-55, 1955, to 6-14-55, 1955, that I last saw the deceased alive on 6-14-55, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Paul Laurenciana (Degree or title) <u>Frank Paul Laurenciana MD</u>		23b. ADDRESS <u>428 South Whitave</u>	23c. DATE SIGNED <u>6-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin mo</u>
DATE REC'D BY LOCAL REG. <u>6-15-55</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home Gallatin Mo.</u>	

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Sidman*
Licensed Embalmer No. 45
P. O. Address *Kansas*

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.