

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20899

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. 45

1100  
3  
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - WALTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
c. LENGTH OF STAY (in this place) <u>HOURS</u>		d. STREET ADDRESS (If rural, give location) <u>801 N. Elizabeth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunnen Lake - 9 mi. W. Potosi</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EDDIE</u> c. (Last) <u>BELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1955</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 23 1920</u>		9. AGE (In years - last birthday) <u>34</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>chemical worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>chemicals</u>		11. BIRTHPLACE (State or foreign country) <u>Belleview Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Thomas Hallie Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Lawson</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine McFarland Bell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW2</u>		16. SOCIAL SECURITY NO. <u>86-22-2433</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>P. W. Bell, 1415 Stein Rd. St. Louis Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*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>Drowned accidentally</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) <u>9299</u> <u>42</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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Potosi</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wash MO.</u>			
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 10: P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Gibson D.C. Coronar 3</u>		23b. ADDRESS <u>205 W. Jefferson St. Potosi Mo.</u>		23c. DATE SIGNED <u>6-7-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park Ironton Missouri</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u>			

DATE REC'D BY LOCAL REG. 6-11-55 REGISTRAR'S SIGNATURE Herbert Rudall 1403-  
 (Licensed Embalmer's Statement on Reverse Side)

5561 4 1 77P

RECEIVED

JUN 14 1955

WASH. COUNTY HEALTH DEPT

File No:

5561 9 1 77P

VS. AUG 1-9 1955

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 3012 Charles J. White

Licensed Embalmer No. 3012

P. O. Address Quinton, Mo

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.