

No. 300  
10. 48

FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21625

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 5223 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Knobview Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Knobview Twp. <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) Cuba, Mo. Star Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Home			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Randolph c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1955		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 31, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer & Barber				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (City and State or Foreign Country) Texas County, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Albert Bell				13b. MOTHER'S MAIDEN NAME Lurana Wallace				14. NAME OF HUSBAND OR WIFE Anna Dudenbostel Bell			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **				16. SOCIAL SECURITY NO. 497-01-8765				17. INFORMANT'S SIGNATURE OR NAME L. M. Bell				ADDRESS Berkeley City, Mo.			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac-Vascular renal disease</u> ANTECEDENT CAUSES 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.										INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>442X</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 6-27, 1955, to 7-20, 1955, that I last saw the deceased alive on 7-20, 1955, and that death occurred at 6-4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Bell</u> (Degree or title)				23b. ADDRESS <u>Cuba Mo.</u>				23c. DATE SIGNED <u>7/21/55</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>7-23-1955</u>		REGISTRAR'S SIGNATURE <u>Paul A. Sharrard</u> <u>372</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Winter</u>			ADDRESS <u>OWENSBILLE</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 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 Me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Melvin H. Winter

Licensed Embalmer No. 888 F

P. O. Address OWENSVILLE

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.