

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25515

State File No.

FILED AUG 22 1955

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived) Institution: residence before admission: a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, make RURAL and give township) <u>Rural - Osage</u>		c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY OR TOWN <u>Navada</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake of the Ozark</u>				e. STREET ADDRESS (If rural, give location) <u>503 West Hickory</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl Lee</u> b. (Middle) <u>Bell</u> c. (Last) <u>Bell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 - 1955</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May - 19-1913</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Station Employee</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>	
13a. FATHER'S NAME <u>Cesar E Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Mellie May Barton</u>		14. NAME OF HUSBAND OR WIFE <u>Lorraine Bell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World war 2 491-058457</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tapers - on body</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage - Brain Concussion</u> ANTECEDENT CAUSES <u>Hit in head by motor propeller</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>accidently (c) Thrown from motor boat</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>into Lake - could not get out</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>off way of well boat - killed instantly</u>				20. AUTOPSY? <u>38</u> 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, on bldg., etc.) <u>Lake of the Ozark</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osage Township MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 14 1955 3:30</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck on head by motor propeller</u>					
22. I hereby certify that I attended the deceased from <u>Aug 14</u> , 19 <u>55</u> , to <u>Aug 14</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on</u> , 19 <u>55</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robbie Bankson Woolery Coroner</u>				23b. ADDRESS <u>Camden MO</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Navada MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 15-1955</u>		REGISTRAR'S SIGNATURE <u>Gilbert D. Raw</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Bankson - Woolery Camden MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 1955

SEP 2 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.....
Signature of Student Embalmer

Signed *Abbie Bankson-Wool*

Licensed Embalmer No. *248*

P. O. Address *Camden*

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.