

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34310

State File No. _____

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 576

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Meramec Twsp		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Seaton, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION P.O. Seaton, Mo.		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rural-Meramec Twsp.		05100	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) MARION c. (Last) BELL		4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1955	
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 14 1870
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME E. E. Bell	
13b. MOTHER'S MAIDEN NAME Mary Adams		14. NAME OF HUSBAND OR WIFE Hattie Bell (Dec'd)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Austin Bell, Seaton, Mo.		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiovascular Renal Disease ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X	
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) (m.) _____		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 <u>9-24-55</u> , to <u>10-22, 1955</u> , that I last saw the deceased alive on <u>10-15</u> , 1955, and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Josh. Grockrentz, M.D.		23b. ADDRESS St. James, Mo	
23c. DATE SIGNED 10-25-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct 25 1955		24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery	
24d. LOCATION (City, town, or county) (State) Phelps County Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Blackwell Warfel	
DATE REC'D BY LOCAL REG. 10-25-55		REGISTRAR'S SIGNATURE Ruth B. Powell	
ADDRESS _____		ADDRESS Salem, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

Phelps County Health Officer,

County File Number 249

Date Filed JCT 20 1956

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 Marshall C. Blackwell

Licensed Embalmer No. 471

P. O. Address Salem

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.