

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

State File No. 2317

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Louisiana)	c. LENGTH OF STAY (In this place) (township) 58 days	c. CITY OR TOWN Pleasant Hill	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike County Hospital		STREET ADDRESS (If rural, give location) 412 S	

3. NAME OF DECEASED (Type or Print)	a. (First) Orval	b. (Middle) Earl	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1956
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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. 23 1898	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Natl. Gas Transmission Supt.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Keota, Iowa	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME William Bell	13b. MOTHER'S MAIDEN NAME Rosana Nutterfee	14. NAME OF HUSBAND OR WIFE A. Irene 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. 487-03-2283	17. INFORMANT'S SIGNATURE OR NAME Mrs. Orval Bell	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Metastatic Carc. Possibly 6 mths.		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yr. (estimated)
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X			

19a. DATE OF OPERATION 12/2/55	19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon with liver metastasis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 **11/24/55**, 19____, to **1/20/56**, 19____, that I last saw the deceased alive on **1/19/56**, 19____, and that death occurred at **2:32A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D. C	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 1/20/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 21, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Montezuma, Ind.
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DATE REC'D BY LOCAL REG. Jan 20 1956	REGISTRAR'S SIGNATURE Bernice Collier	374	FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana, Mo
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WIPE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 27 1956

APR 27 1956

APR 27 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.....

Licensed Embalmer No.....

P. O. Address.....

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.