

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3617**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6230** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexy	c. LENGTH OF STAY (In this place) 1 1/2	c. CITY OR TOWN Mexy	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mexy Sup at Home		e. STREET ADDRESS (If rural, give location) Mexy Sup 1080	

3. NAME OF DECEASED (Type or Print) a. (First) Lizzie b. (Middle) L c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) January 14 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 12, 1876	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Lawa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjamin Hardy		13b. MOTHER'S MAIDEN NAME Alice Clark		14. NAME OF HUSBAND OR WIFE George W. Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME George W. Bell ADDRESS Mexy, Mo	

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) Myocardial infarction		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	ANTECEDENT CAUSES Morbid 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. 443x		

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)	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 **Jan 11, 1956**, to **Jan 14, 1956**, that I last saw the deceased alive on **Jan 11, 1956**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE George W. Bell (Degree or title)		23b. ADDRESS Mexy, Mo		23c. DATE SIGNED Jan 14 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 16	24c. NAME OF CEMETERY OR CREMATORY Baileys Cemetery	24d. LOCATION (City, town, or county) (State) Harrison Missouri	
DATE REC'D BY LOCAL REG. 1-19-1956	REGISTRAR'S SIGNATURE Anna E. Ferry	451	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Keosauqua, Mo	

(Licensed Emballer's Statement on Reverse Side)

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

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 *L. Douglas Perry*.....

Licensed Embalmer No. *49*.....

P. O. Address *Heard*.....

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.