

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13132**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1474**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 50 yrs.		e. STREET ADDRESS (If rural, give location) 1105 East 11th. st.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print)	a. (First) Daniel	b. (Middle) Webster	c. (Last) Bell	4. DATE OF DEATH (Month) 4 (Day) 3 (Year) 1956
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-8-1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY City Parks K. C. Mo.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Fleming Bell	13b. MOTHER'S MAIDEN NAME Katie Davis	14. NAME OF HUSBAND OR WIFE Mary Bell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 510-03-8227	17. INFORMANT'S SIGNATURE OR NAME William Bell	ADDRESS 3629 Windsor st. Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease.	ANTECEDENT CAUSES		4200
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Senility.	

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 **4-1-56**, 19**56**, to **4-3-56**, 19**56**, that I last saw the deceased alive on **4-3-56**, and that death occurred at **8:36 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson M.D.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 4-4-56
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 4-5-1956	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 4-5-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 state ave. K.C. Kans.
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WRITE PLAINLY—USING UNFADEING 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 *Eugene English*
Licensed Embalmer No. 2411

P. O. Address 440 St. C. C. 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.