FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17208

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Pemiscot 0781
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti 0
c. LENGTH OF STAY (in this place): 4½ Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pemiscot County Mem. Hsp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri Arkansas
b. COUNTY: Mississippi
c. CITY OR TOWN: Blytheville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 8030
e. STREET ADDRESS (If rural, give location): 518 West Main St. 8

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle): H.
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): May 17 1956

5. SEX: Male ○
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married ○
8. DATE OF BIRTH: Feb. 10, 1932
9. AGE (In years last birthday): 24 — 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): Newspaper Reporter
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (City and State or Foreign Country): Water Valley, Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: L.R. Bell Sr.
13b. MOTHER'S MAIDEN NAME: Myrtle Mae Koonce
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. H.H. Hart 415 Wood St. Water Valley, Miss.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intracranial Hemorrhage; Epidural Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Trauma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Time of accident near 12 noon 5/17/56 Expired 4:47 P.M. 5/17/56

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 078
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street of Caruthersville, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caruthersville - Pemiscot - Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 17 56 near 12 noon
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Alleged Auto accident

22. *I hereby certify that I attended the deceased from* 12:15 PM 5/17/56, *to* 4:47 - 5/17/56, *that I last saw the deceased alive on* 5/17/56, *19*___, *and that death occurred at* 4:47 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Woodrow M C Staub Mgr
23b. ADDRESS: 400 Carleton Caruthersville, Mo
23c. DATE SIGNED: 5/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 18, 1956
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Water Valley, Mississippi

DATE REC'D BY LOCAL REG.: 5-21-56
REGISTRAR'S SIGNATURE: John W. German
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: M.H. Henry Jr. Water Valley, Miss.

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.48
060

5-143-56

MAY 25 1956

JUN 22 1956

SEP 11 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Denver Fike

Licensed Embalmer No. 448

P. O. Address Caruthersv

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