

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20102

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 30

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>FRANKLIN</u>	a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>SULLIVAN</u>	c. LENGTH OF STAY (in this place) <u>Suddenly</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN, MO.</u> <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMILES No. OF SULLIVAN</u>	d. STREET ADDRESS (If rural, give location) <u>400 W. EUCLID AVE</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>STOARD</u>	c. (Last) <u>BELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 28, 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 5, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PLANE OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL</u>	11. BIRTHPLACE (State or foreign country) <u>ELMONT, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>N.S. BELL</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH McMANESS</u>	14. NAME OF HUSBAND OR WIFE <u>ALLIE WEBB</u>
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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) <u>YES WORLD WARR II</u>	16. SOCIAL SECURITY NO. <u>333-01-9965</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALLIE BELL SULLIVAN, MO</u>	ADDRESS <u></u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	DUPLICATE OF (b) <u>Coronary Thrombosis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE OF (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at farm</u>	21c. CITY, TOWN, OR TOWNSHIP <u>Sullivan</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 28 1956</u> m. _____	21e. INJURY-OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Dropped dead by gate</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernest L. Oltman coroner</u>	23b. ADDRESS <u>Sullivan, Mo.</u>	23c. DATE SIGNED <u>June 28 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. MEMORIAL CEM</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 30 - 56</u>	REGISTRAR'S SIGNATURE <u>Thomas G. Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Attulator</u>	ADDRESS <u>Sullivan, Mo</u>
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**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 .....  
Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *477*

P. O. Address *Sullivan*

**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 this body is not embalmed, fact should be so stated above.