

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20397**
Registrar's No. **2418**

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2418</u>			
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) Kansas City		c. LENGTH OF STAY (in this place) 11 yrs.		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"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				e. STREET ADDRESS (If rural, give location) 13 809 East 8th St					
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle)		c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) 5 29 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 31, 1877		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Trailer Office Camps, Texas		11. BIRTHPLACE (City and State or Foreign Country)			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME George Bell			13b. MOTHER'S MAIDEN NAME EMMA			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown) (If yes, give branch or dates of service) No		16. SOCIAL SECURITY NO. 440-12-9813		17. INFORMANT'S SIGNATURE OR NAME Mrs. Habel Haley-81 E. 875th				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) None				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma, left upper lobe, with metastasis to spleen, adrenal glands, abdominal lymph nodes & cerebellum.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) abdominal lymph nodes & cerebellum.				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								162h	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <u>5-12-56</u> , 19 <u> </u> , to <u>5-29-56</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-29-56</u> , 19 <u> </u> , and that death occurred at <u>2:10 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE W. R. Peterson M.D.				23b. ADDRESS 609 E. 22nd St.		23c. DATE SIGNED 5-31-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-2-56		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Park		24d. LOCATION (City, town, or county) (State) Kansas City, Mo			
DATE REC'D BY LOCAL REG. 6-2-56		REGISTRAR'S SIGNATURE Neva Marshall		FUNERAL DIRECTOR'S SIGNATURE Brighton & Sons		ADDRESS			

(Licensed Embalmer'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 *Lawrence P. Jones*.....

Licensed Embalmer No. 44

P. O. Address 2300 E. K. C. 27, Mo

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.