

FILED AUG 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. 26783

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3411

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Caldwell

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kingston, Mo.

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Hospital 1826 Forest.

e. STREET ADDRESS (If rural, give location) X 01301

3. NAME OF DECEASED (Type or Print)  
a. (First) Ruby b. (Middle) Mae c. (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year)  
AUG - 6 1956

5. SEX Female

6. COLOR OR RACE negro 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH May 4-1891

9. AGE (In years last birthday) 65

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) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and State or Foreign Country) Kingston, Missouri.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Simpson

13b. MOTHER'S MAIDEN NAME Ellen Nestrikal

14. NAME OF HUSBAND OR WIFE Isiah L Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Isiah L Bell Kingston, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension  
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  
  
331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1956 to Aug 6, 1956, that I last saw the deceased alive on Aug 6, 1956, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE V.L. Dixon (Degree or title)

23b. ADDRESS 2204 1/2 E 18th

23c. DATE SIGNED 8-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 8-6-1956

24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery

24d. LOCATION (City, town, or county) (State) Kingston, Missouri

DATE REC'D BY LOCAL REG. 8-6-56

REGISTRAR'S SIGNATURE New Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brunner Clark - Kingston, Mo

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

AUG 29 1956

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..... *Cramer Clark* .....

Licensed Embalmer No. 3257.

P. O. Address Kingston, .....

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