

STANDARD CERTIFICATE OF DEATH

State File No. **31673**

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. CITY OR TOWN ROCKPORT	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 DAYS		e. STREET ADDRESS (If rural, give location) R.F.D. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print) FLORENCE ANEZ BELL		4. DATE OF DEATH (Month) (Day) (Year) SEPT 3, 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 13, 1896
9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) PIKE COUNTY, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME CASS SMIT	13b. MOTHER'S MAIDEN NAME CATHERINE McMEELY	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Edna Edsall - Rockport, Ill.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho-pneumonia		1 week
	DUE TO (c) Arteriosclerotic hypertensive cardio-vascular disease.		10 yrs plus
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)	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)	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 **1/7/56**, 19___, to **9/3/56**, 19___, that I last saw the deceased alive on **9/3/56**, and that death occurred at **8:54 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas H. Timmel (Degree or title) M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 9/6/56
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24. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE SEPT 6, 1956	24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM	24d. LOCATION (City, town, or county) (State) LOUISIANA, MO.
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DATE REC'D BY LOCAL REG. Sept 11, 1956	REGISTRAR'S SIGNATURE Bernese Collier	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *Geo. M. Collier*

Licensed Embalmer No. *3839*

P. O. Address *Louisiana*

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.