

FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

7915

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 5185 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Route #0 Cape Girardeau</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau 0168</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Old Highway 61</u> INSTITUTION <u>near Camp Cape</u>			Length of stay in lb <u>13 yrs</u>		d. STREET (If outside, give location) ADDRESS <u>Route 2, South</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Dale Owen</u> Last <u>Bell</u>				4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1957</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov 22, 1883</u>		9. AGE (In years last birthday) <u>74</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frisco Rail Road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boiler Maker</u>		11. BIRTHPLACE (City and state or country) <u>Evansville, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Charles Fell</u>				14. MOTHER'S MAIDEN NAME <u>Dont Know</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-05-7905</u>		17. INFORMANT <u>Robert C. Bell, Jr, Cape Girardeau</u>				Address <u>Mo</u>		
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of the Skull. Pierced lung on right side by radiator on an out-on car.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 25</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>						20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>He was struck by an auto while walking on U.S Highway 61 south of Cape Girardeau, Mo</u>	
20c. TIME OF INJURY Hour <u>9:15</u> Month <u>Mar</u> Day <u>6</u> Year <u>'57</u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Old Highway 61</u>	
20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau</u>			20g. COUNTY <u>Cape Girardeau</u>			20h. STATE <u>Mo</u>				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>J. F. Sigmond</u> (Degree or title) <u>Coroner 3</u>				22b. ADDRESS <u>Jackson Mo.</u>				22c. DATE SIGNED <u>3/10/57</u>		
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 10, 57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lorrier Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>				
24. FUNERAL DIRECTOR ADDRESS <u>L.L. Haman 107 S Sprigg Cape</u>				25. DATE RECD. BY LOCAL REG. <u>3-14-1957</u>		26. REGISTRAR'S SIGNATURE <u>W.C. Summers</u>				

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... I. L. Haman *I. L. Haman*

Licensed Embalmer No. 286

P. O. Address Cape Girardeau

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.