

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19787**
Registrar's No. **94**

FILED JUN 14 1957

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 6115		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give name of place) OR TOWN RURAL Richland		c. CITY OR TOWN RURAL		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION SIRESTON R.F.D. #4				e. STREET ADDRESS (If rural, give location) SIRESTON R.F.D. #4			
3. NAME OF DECEASED a. (First) GEORGE (Type or Print)			b. (Middle) ELLIS		c. (Last) BELL		4. DATE OF DEATH (Month) (Day) (Year) 5-26-1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SINGLE	8. DATE OF BIRTH 2-28-1943		9. AGE (In years last birthday) 14	10. UNDER 1 YEAR Months 14	11. UNDER 100 HRS. Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Miss. Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Doy WALTON BELL		13b. MOTHER'S MAIDEN NAME VERNICE BOWMAN		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Doy W. Bell Sireston R4 Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9298					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Old river Bed.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4 Mi. West of Salcedo - Scott Mo			
21d. TIME (Month) (Day) (Year) (Hour) May 26-1957-3:15 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Was swimming in Muddy water. Called for help, but sank before anyone could get to him.			
22. I hereby certify that I attended the deceased from First call after death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thelma C. Buckthorpe M.D. Health Officer.				23b. ADDRESS Boston Mo		23c. DATE SIGNED 5-27-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-27-57	24c. NAME OF CEMETERY OR CREMATORY DEXTER CITY		24d. LOCATION (City, town, or county) (State) DEXTER Mo		
DATE REC'D BY LOCAL REG. June 5-57		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welsh Funeral Home Sireston Mo			

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

DATE RECEIVED JUN 10 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 657-120

JUN 14 1957

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 Raymond Q. Crews

Licensed Embalmer No. 946

P. O. Address Shelton

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.