

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35014

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 253

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fulton TOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Fulton TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 829 State Street			Length of stay in lb 30 yrs.	d. STREET ADDRESS 829 State Street			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Harry Theodore Bell				4. DATE OF DEATH October 19, 1957			
5. SEX Male	6. COLOR OR RACE colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11 July 1905		9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician	10b. KIND OF BUSINESS OR INDUSTRY Mortuary science		11. BIRTHPLACE (City and state or country) Fulton Missouri		12. CITIZEN OF WHAT COUNTRY? America		
13. FATHER'S NAME Eli P. Bell				14. MOTHER'S MAIDEN NAME Lillian Haynes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. 21		16. SOCIAL SECURITY NO. 487 07 2349		17. INFORMANT Address Mary D. Bell Fulton, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 20 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus							
DUE TO (c) 260X							
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"/> 2	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1949 to 10/19/57 and last saw her him alive on 10/18/57 . Death occurred at 2:35 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George J Wood mo (Degree or title)				22b. ADDRESS Fulton Mo		22c. DATE SIGNED 10/21/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 22 October 1957	23c. NAME OF CEMETERY OR CREMATORY South Side Cemetery		23d. LOCATION (City, town, or county) Fulton, Missouri		
24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Oct 22-1957		26. REGISTRAR'S SIGNATURE Maretta Lawrence	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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

Student.....
Signature of Student Embalmer

Signed *Hector R. Masure*

Licensed Embalmer No. 79

P. O. Address *Fulton,*

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.