

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40201  
State File No. ....

FILED DEC 5 - 1957

5471

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 DAY</u>		c. CITY OR TOWN <u>Liberty</u>		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 <u>OSTEOPATHIC HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>RT 4 3MI E GASHLAND</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sidney</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Bell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 18 1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR 9, 1887</u>			
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 24 HRS. Minutes _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchmaker</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>VINTON IOWA</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>Wyatt Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Pawley</u>		14. NAME OF HUSBAND OR WIFE <u>Chatta Bell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-05-6169A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chatta Bell</u>				ADDRESS <u>RT 4 Liberty Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>						<u>260X</u>	
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arterio Sclerotic Heart Disease</u></p> <p>DUE TO (c) <u>Weakness of circulation</u></p>							
II. OTHER SIGNIFICANT CONDITIONS						<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. (COUNTY) _____		21e. (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 <u>Nov 16, 1957</u> , to <u>Nov 18, 1957</u> , that I last saw the deceased alive on <u>Nov. 18, 1957</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Johnson</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Gashland, Mo.</u>		23c. DATE SIGNED <u>11/19/57</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>11/22-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) <u>Kansas City Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>11-20-57</u>		REGISTRAR'S SIGNATURE <u>Rever. Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>Sou. N. K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
A. L. JOHNSON

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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..... *Glenn D. Hill*

Licensed Embalmer No. .... *4586*

P. O. Address ... *K. C. 16 W.*

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.