

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009378
State File No.

FILED MAR 20 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) rural-Springcreek		c. CITY OR TOWN Salem	
c. LENGTH OF STAY (in this place) 3 yrs		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 19 No Salem		e. STREET ADDRESS (If rural, give location) Highway 19 North Salem	

3. NAME OF DECEASED (Type or Print) Bertha Doss Bell		4. DATE OF DEATH (Month) (Day) (Year) March 12 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 18 1875
9. AGE (In years last birthday) 83		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 X	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? A	

13a. FATHER'S NAME John Wesley Doss		13b. MOTHER'S MAIDEN NAME Anna L Doss		14. NAME OF HUSBAND OR WIFE Wm H Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Otis Hutson Salem Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebro vascular accident asthenodermis senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1940, 19, to 3-12-58, that I last saw the deceased alive on 3-11-58, and that death occurred at 10P m., from the causes and on the date stated above.		23a. SIGNATURE Jas. D. McFarland, M.D.		23b. ADDRESS Salem, Mo	
23c. DATE SIGNED 3-14-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-14-58	
24c. NAME OF CEMETERY OR CREMATORY Hanson Cem		24d. LOCATION (City, town, or county) Daviessville Mo		24e. DATE REC'D BY LOCAL REG. 3/14/58	

25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
M. M. Hart, M.D.		Salem Mo	

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.....

Licensed Embalmer No. 237

P. O. Address.....

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.