

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013429  
STATE FILE NUMBER

FILED MAY 15 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 110

Health,  
Welfare  
Public  
Service

0143  
300  
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0148</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Williamsburg</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #1</u>			Length of stay in lb <u>3 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Henry</u> Last <u>Bell</u>				4. DATE OF DEATH Month <u>May</u> Day <u>10</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Jan 1 1876</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Charles Henry Bell</u>				14. MOTHER'S maiden name <u>Kathern Jones</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>State Hospital Records, Fulton, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemmorrhage</u> <u>Arteriosclerosis (general)</u> DUE TO (b) _____ <u>Chronic Brain Syndrome</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>5/9/58</u>	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>12:10</u> Month <u>May</u> Day <u>10</u> Year <u>1958</u> 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 <u>May 7 1958</u> <u>May 10 58</u> and last saw <u>HEX</u> <u>firm</u> alive on <u>5/10/58</u> Death occurred at <u>12:10 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>State Hospital, Fu, ton, Mo</u>				22b. ADDRESS		22c. DATE SIGNED <u>5/10/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May 12 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Church Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo</u>	
24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u> ADDRESS <u>Fulton Mo</u>			25. DATE RECD. BY LOCAL REG. <u>May 10 1958</u>		25. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 *J. D. Ross* .....  
Licensed Embalmer No. .... 25

P. O. Address *Fuller* .....

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.